A survey on the living conditions including housing, neighbourhood and social support of the Christchurch Refugee Community

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Abstract

Refugees come from diverse backgrounds and the issues they face depend on their particular circumstances. Some of the issues refugees face include cultural shock, language difficulties, lack of established networks and often discrimination. Christchurch has a growing refugee community with their own social needs. The survey detailed in this dissertation was undertaken in response to the Canterbury Refugee Council identifying the lack of comprehensive data available for refugee resettlement outcomes in Christchurch. The aim was to gain a better understanding of the living conditions experienced by the refugee community in Christchurch. The participants were from the four main refugee groups resettled over the past decade, namely people coming from Afghanistan, Kurdistan area, Ethiopian, Somalia and Eritrea.

This survey was undertaken at a time when international literature concludes that refugees are one of the most vulnerable groups in society and emphasises the vital role that housing alongside other factors have on positive resettlement outcomes. A quantitative approach was adopted to gather information rather than test hypotheses; it was designed to investigate housing, neighbourhood and sources of income. It also included what, if any, social support is available from the wider community, and explored some of the main current problems faced by the refugee families.

The survey concludes that despite good intentions and some successes, there are still many obstacles for refugees resettling into their new environment. Refugees continue to experience chronic unemployment and struggle to access suitable housing for their families. The issues raised in this survey highlight the importance of acknowledging and responding to refugee diversity.

Glossary of Terms

Asylum Seekers: Referred to as 'border' or 'spontaneous' refugee. A person who is seeking refuge. Once refuge is granted, the person is officially referred to as a refugee and enjoys refugee status, which carries certain rights and obligations according to the legislation of the receiving country.

Case Management: Is a way of tailoring help to meet individual need through placing the responsibility of assessment and service coordination with one individual worker or team.

Centrelink: Is an Australian Government Statutory Agency, assisting people to become self-sufficient and supporting those in need.

Convention refugee: A former asylum seeker who is granted refugee status by a State on the basis of that country's interpretation of the UNHCR Refugee Convention's definition of a refugee.

Cross section study: also known as a cross sectional study, describes the relationship between individuals and other factors of interest as they exist in a specified population at a particular time.

Cumulative: The state in which a series of repeated actions have an effect greater than the sum of their individual effects; noted especially in the repeated administration of drugs.

Determinants of health: Social and economic environment, the physical environment, and the persons individual characteristics and behaviours.

Health inequalities: The gap between best and worst health experience of different population groups; a virtually universal phenomenon of variation in health indicators (such as infant and maternal mortality) with socio-economic status.

Intersectoral: Involving various sectors of society: governmental central and local, community organisations and the general public and/or individuals.

Likert scaling: Likert scaling is a bi-polar method, measuring either positive or negative responses for a statement .Likert scales maybe subject to distortion, for example *central tendency* bias and *social desirability.*

Morbidity: Illness

Multivariate analysis: Relating to or used to describe a statistical distribution that involves a number of random but often related variables.

OECD: Organisation for the Economic Co-operation and Development. Its members include the industrialized countries of Western Europe together with Australia, Japan, New Zealand and the US.

SAS: Statistical analysis system

SEKA: Somali, Ethiopian, Kurdistan, & Afghanistan

Social cohesion or 'connectedness': The degree to which individuals are integrated with, and participate in, a secure social environment. Social cohesion is an *aspect* of society and 'social capital' is a contributing factor to social cohesion.

Social Determinants of health: All factors which influence health, including individual lifestyle factors, social and community influences, living and working conditions, and general socio-economic, cultural and environmental conditions.

Social housing: Not-for-profit housing programmes that are supported but not necessarily delivered by government, to help low and modest-income households and other disadvantaged groups to access appropriate, secure and affordable housing.

Social support: Is defined as "generally and loosely, all those forms of support provided by other individuals and groups that help an individual to cope with life."

Socio-economic disadvantage: A relative lack of financial and material means experienced by a group in society, which may limit their access to opportunities and resources available to wider society.

Treaty of Waitangi: the founding document of New Zealand. It's signing in 1840 provided for the settlement of New Zealand by non-Maori. It provides a framework of rights and responsibilities, and also articulates a relationship between Maori and the Crown

UNHCR: United Nations High Commissioner for Refugees.

Quota refugees: People the UNHCR has mandated as refugees overseas. These people are selected for resettlement under annual Refugee Quota Programmes.

Quantitative: Involving considerations of amount or size, capable of being measured.

CHAPTER I

1. Introduction

For more than 60 years, New Zealand has been involved in international refugee resettlement and has accepted more than 40,000 refugees from various countries around the world. Refugees are the human casualties that stream from these troubled spots they are driven from their homelands by major crises such as war, religious and political persecution, ethnic cleansing, and military uprisings. The main reason for their flight is commanded by the **crucial need for safety and protection** for themselves, and their families, which they seek in a first asylum country. As refugees are not always able to return home or to remain in the country where they received first asylum, resettlement to a third country is the only safe and viable solution. Unfortunately for the vast majority of millions of worldwide refugees, resettlement continues to remain an accessible solution for only a minority[1].

During the late 1970's and into the 1980's the main refugee groups accepted for resettlement into New Zealand have come from internal conflicts which prevailed in South East Asia such as Cambodia, Vietnam, and Laos. During the past decade, the largest proportion of refugees have arrived from the Horn of Africa and are represented from countries such as Eritrea, Ethiopia, Somalia and to a lesser extent, Sudan. Refugees have also arrived from Iraq, Iran, Afghanistan and Burma/Myanmar. The populations of these countries from within these regions are ethnically, culturally and religiously diverse, speaking various languages and dialects, which add challenges for refugees settling in New Zealand (New Zealand Immigration Service & Department of Labour, 2004). Such challenges are identified in the following statement made by a refugee woman resettled in New Zealand:

[1] In 2002, less than one per cent of the world's 10.4 million refugees were resettled in a third country (Source. UNHCR, 2006).

"*Arriving in a new country as a refugee is like arriving as a new born baby. We come without clothes, without baggage. We come without knowledge about the world in which we find ourselves, without the language to find out. We are totally dependent on the goodwill of those around us to ensure that we survive, and also for the quality of that survival" (Ministry of Health, 2001, p. 21).*

This hints at the huge task ahead for resettlement service providers when assisting refugees. It also alludes to the overwhelming sense of faith that refugees have in their host communities in facilitating their resettlement, and in helping them to meet their basic needs.

In the field of housing, available sources reported that generally refugee families are larger than the average New Zealand household size of 2.7 people (Statistics New Zealand, 2006) and are living in households with extended families of 5 to 12 members. This housing is often costly and poorly insulated (New Zealand Immigration Service & Department of Labour, 2004). Moreover, refugees are living in neighbourhoods of multiple deprivations, which place extreme stress on their communities, families and individuals. Additionally, problems linked with chronic unemployment or poorly paid work, economic poverty, inadequate transport, host language deficiency and culture shock, all contribute to their social exclusion. All of the above are associated with health risks and are clearly identified as key factors impacting on population health. It is acknowledged, for example, that overcrowding and poverty often have an associated health risk, with higher rates of infectious diseases and mental health problems (WHO, 2008; Ministry of Health, 1998).

Despite New Zealand's humanitarian response in accepting refugees, and the existing literature outlining the above problems and substantial needs, little information on how those needs are met is available (Butcher et al., 2006; Ministry of Health, 2001). The survey detailed in this dissertation was undertaken in response to the Canterbury Refugee Council identifying the lack of comprehensive data available for refugee groups in Christchurch, especially about their resettlement outcomes. It was designed to

investigate, therefore, some of their current socio-economic conditions such as housing, neighbourhood and sources of income. It also included what, if any, social support is available from the wider community, and explored the main current problems faced by the refugee families.

2. Aim and objectives of the survey

The survey questionnaire was designed to contribute to the information about the needs of a population group which is not represented statistically in the census data. It is a descriptive quantitative survey to gather information rather than to test hypotheses. Consistent with this focus, the *aim* of the survey was:

1 To gain a better understanding of the living conditions of the Christchurch refugee community

The *objectives* were to gather information on the following topics:

1 housing conditions,
2 neighbourhood, and
3 social support.

Additionally, two questions in the survey addressed employment and level of income. The expected outcome of the survey was to obtain a contextual and comprehensive knowledge of the current resettlement conditions of Christchurch's refugee community. Further, it intended to report findings to the resettlement service providers and communities' representatives.

3. Brief overview on New Zealand's refugee background

New Zealand is home to many peoples, and is built on the bicultural foundation of the Treaty of Waitangi (1840). It has a strong history of humanitarian assistance and is party to both the 1951 United Nations Convention relating to the status of refugees and its 1967

protocol, which defines a refugee as: “A person who is outside his or her country of nationality or habitual residence; has a well-founded fear of persecution because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail himself or herself of the protection of that country, or to return there, for fear and persecution" (UNHCR, 2007, p.7)

As mentioned previously New Zealand has been accepting refugees since post World War II. The year 1944 saw the first arrival of refugees which was made up of mainly 900 Polish children and their guardians from war torn Europe, followed in the next decade by political refugees from Eastern Europe. Since the 1990’s the number of source countries has diversified and, in 2000, the needs of eighteen different refugee groups were being administered by New Zealand agencies (Lily, 2004). Thus, reflecting New Zealand’s response in assisting refugees in need of protection according to changing global circumstances and humanitarian needs (New Zealand Immigration Service, & Department of Labour, 2004).

Originally, and in response to meet the needs of an increasing multicultural group, the Inter Church Commission on Immigration and Refugee Resettlement (ICCI), now known as the Refugee and Migrant Commission, was convened at the request of the government in 1976. In 1986 the governance of ICCI was assumed by the Christian Conference of Churches of Aotearoa New Zealand (CCANZ), this group continued its governance role until 1990. Around this time the agency became an officially incorporated society and its name was changed to the Refugee and Migrant Commission-Aotearoa New Zealand Inc. Its membership was also expanded to include representatives from other faiths, refugee communities and refugee-related agencies. Sometime later, the name of the agency was changed to RMS Refugee Resettlement. The role of this commission is to promote and support refugee resettlement by charitable groups and community organisations, as well as to provide advocacy and policy advice on refugee issues (Ministry of Health, 2001; Refugee Services, 2008; New Zealand Immigration Service, & Department of Labour, 2004).

3.1 Refugee classification

3.1.1 Asylum seekers–Convention refugees

As one of the 147 country signatories of the 1951 United Convention, New Zealand is committed to consider all requests from "spontaneous refugees" labelled a*sylum seekers* who arrive independently to New Zealand shores and seek protection, and refugee status. The government must also allow claimants to remain in the country until their status has been assessed. In recent years, New Zealand has received an average of 1,585 refugee status applications per year with only about 12.5% of these applications being approved (Cotton, 2004). Asylum seekers who have their refugee status confirmed are allowed to stay in the country and are then classified as **convention refugees**, each year 200 to 500 cases are approved. Convention refugees are then entitled to the same services as quota refugees except for the re-establishment grant which will be described in the following section. If the status is rejected, they must leave the country (New Zealand Immigration Service, & Department of Labour, 2004).

3.1.2 Quota refugees

Additionally, New Zealand is currently one of sixteen countries with either established or developing resettlement programmes, accepting quota refugees directed by the United Nations High Commissioner for Refugees (UNHCR) because of their humanitarian and protection needs. Since 1997, the formal annual quota has been fixed at 750 persons with the size and composition set each year by the Minister of Immigration and the Minister of Foreign Affairs and Trade, relevant government departments, non-governmental organisations (NGOs), existing refugee communities and other stakeholders. The quota programme year runs from 1st July- 30th June, concurrent with the fiscal year and **quota refugees** refers to the following groups:

1 **Protection cases*:*** 600 places (including up to 300 places for family reunification and 35 places for emergency cases).
2 **Women at risk:** up to 75 places.

3 **Medical and/or Disabled cases:** up to 75 places (including up to 25 places for refugees suffering from HIV/AIDS.

Quota refugees, because they have been granted refugee status in their first asylum country, automatically become residents on arrival into New Zealand. On entry they are sent for a six week orientation programme at Mangere Refugee Reception Centre[2] (MRRC) in Auckland. Here they are provided with information on New Zealand culture, law and regulations, as well as medical screening, psychological services and English classes.

On leaving the MRRC, they are eligible to receive an Emergency Benefit available to unemployed New Zealanders, plus a one-off re-establishment grant of New Zealand $1,200 for purchasing mainly household items. Relocation often depends upon whether they have family or fellow compatriots already established in the area as well as the presence of the lead NGO 'Refugee Migrants Services-Refugee Resettlement (RMS). This organisation provides newcomers with sponsor volunteers, to access housing, subsidised healthcare, welfare benefits, English language classes, and enrolling children at school. After a period of five years residency, quota refugees are then entitled to apply for New Zealand citizenship (New Zealand Immigration Service, 2007; UNHCR, 2007).

3.1.3 Family reunification refugees

Family reunification refugees correspond to relatives of refugees who have resettled in New Zealand, and rely heavily on them for support such as accommodation and financial assistance. They are not eligible to formal support from the government except access to English classes, and enrolling children at school on arrival. Following two years of residence in New Zealand, adults are eligible for the unemployment benefits.

[2] The centre is under the umbrella of the Department of Labour.

4. Christchurch refugee population and trends

Diversity in the New Zealand population and especially in Christchurch is clearly reflected in the range of the 161 ethnic groups. The 2006 census found that 77.4% of people in the Canterbury region belong to the European ethnic group, compared with 67.6% for New Zealand as a whole (New Zealand Statistics, 2006).

Whilst the Canterbury region has a predominately European population, Christchurch itself, the hub of Canterbury, is becoming more ethnically diverse. For example, in 1991 the Pacific Peoples, Asians and other ethnic groups made up 4.1% of the city's population, and in 2006 these three groups made up 11% of the total population of Christchurch (Christchurch City Council, 2007).

On the other hand, it is difficult to obtain reliable data on the refugee groups living in Christchurch because they are usually incorporated into "other groups". This lack of information has been confirmed by different sources (New Zealand Immigration Service, 2004; Butcher, 2006). However, it is estimated that over 1,800 refugees have resettled in Christchurch over the past decade (Christchurch Interagency Agreement, 2007) as illustrated in table 1 below:

Table 1. Refugees resettled in Christchurch 2000-2008

Country of Origin	**Number of Refugees**
Afghanistan	800
Cambodia & Laos	40
Ethiopia	200
Iran	35
Kurdistan	200
Nepal	5
Somalia	600
Total	1880

Approximately 400 (representing 22%) have since moved to Australia and a small number to other parts of New Zealand. Of this total population, it is believed that approximately 25% is aged between 13 and 25 years of age (Christchurch Interagency Agreement, 2007).

5. New Zealand settlement strategy

New Zealand has a responsibility to migrants and refugees to ensure that settlement strategies at both regional and national levels are effective. Zwart (2000) when investigating the perspectives on policy and resettlement service provision in New Zealand suggests that policy should also include a consistent and well-planned package of services, and acknowledge the individual needs of the refugees which are different from other New Zealand residents. In that respect the author and others (Lily, 2004; New Zealand Immigration Service, 2001; Department of Labour & New Zealand Immigration Service, 2004; Spoonley et al, 2005) recommend that resettlement supports need to be **long term**, and that resettlement service provider's work on empowering refugees.

In 2000, international commentators identified several countries including New Zealand as requiring a more comprehensive policy relating to the resettlement of refugees and migrants (Gray & Elliott, 2001). In response, the New Zealand Government (2003) developed the New Zealand Settlement Strategy for migrants, refugees, and their families, which is under the leadership and coordination of the Department of Labour. The strategy included goals relating to employment, language acquisition, information and services, social networks, ethnic identity and civic participation leading to positive settlement outcomes (Department of Labour, & New Zealand Immigration Service, 2004 and 2007). The development and implementation of an overarching strategy for refugee resettlement was also to ensure clear objectives for an improved use of resources and services from central and local government and non-government organisations. Suggestions for achieving these goals were through additional funding to the Refugee and Migrant Service. The New Zealand Labour Government responded with announcing extra funding of NZ$62 million in the Budget of 2004. This added funding was to ensure

refugees have continued access to quality services and assistance, and was to be dispersed over the following three years (Department of Labour and New Zealand Immigration Service, 2004 and 2007; Lily, 2004).

The Department of Labour (2004) acknowledged for the New Zealand Settlement Strategy to be effective that it was essential that settlement initiatives reflect the community needs. The strategy was officially launched in 2004, and sought to provide a framework for the co-coordinated development of settlement support services that will better serve the needs of migrants and refugees. It outlined how contributing government agencies such as Housing New Zealand, Ministry of Health and other providers should support migrants and refugees in achieving the following outcomes (Department of Labour, 2007). The strategy was revised in 2007, and now includes seven goals as defined in the following:

"Migrants, refugees and their families:

1 are accepted and respected by the host communities for their diverse cultural backgrounds, and their community interactions are positive,
2 obtain employment appropriate to their qualifications and skills, and are valued for their contribution to economic transformation and innovation,
3 become confident using English in a New Zealand setting, or are able to access appropriate language support,
4 access appropriate information and responsive services that are available in the wider community,
5 form supportive social networks and establish a sustainable community identity,
6 feel safe within the wider community in which they live and,
7 accept and respect the New Zealand way of life and contribute to civic, community and social activities." (Department of Labour, 2007, p.11).

The achievements of these goals suggest that central government is aware of the challenges of refugee groups and migrants and the issues they face with resettlement. However, whilst in principle this strategy is to be applauded, available information is

continuing to identify varying degrees of ability for refugees settling into New Zealand. Services to refugee groups often appear to be fragmented and of uneven quality including gaps in service provision and accessibility. In that respect, Spoonley et al. (2005) emphasise the crucial need for evidence that settlement policies are effective for both refugees and host community outcomes. These comments were made by the authors whilst reviewing the literature on the role of social cohesion, and how this concept might operate in a New Zealand policy context. Interest in social cohesion is a relatively new development in New Zealand and whilst there is no commonly accepted definition of social cohesion, it has been described as a "socially cohesive society as one where all groups has a sense of belonging, participation, inclusion, recognition and legitimacy" (Jenson 1998, as cited in Spoonley et al; 2005). Simply put it means people feel they are part of the wider community, where they are included and participate at all levels of society. The authors also highlight these elements of social cohesion are described in the New Zealand settlement strategy, and indicate policies and services can be assessed in terms of their contribution to these elements. They also suggest they provide the framework as the basis for measuring the current range of services and service delivery. In summary, the authors have highlighted the case for adopting social cohesion as a suitable policy focus and identify the need to develop a comprehensive tool as a means of measuring the elements of social cohesion. These elements of belonging, participation, inclusion, recognition and legitimacy are crucial for service providers and refugees alike in successful settlement outcomes.

A more recent review of the international literature on refugee resettlement policy by the Department of Labour (2007), which has an emphasis on the UNHCR and the following countries: Australia, Canada, Denmark, Finland, Ireland, Netherlands, New Zealand, Norway, Sweden, United Kingdom and United States of America. The literature review provides a description of policies and practices regarding refugee resettlement in these countries and summarises available evidence from previous reviews of policy and practice to identify factors that contribute to either the success or failure of policies and practice.

Similar to New Zealand these countries accepting refugees such as Australia, Canada, Denmark, Finland, Ireland, Netherlands, Norway, Sweden, United Kingdom and United States of America all have resettlement programmes. Whilst these countries also offer a range of models and approaches to refugee resettlement, many refer to migration in general rather than specifically to refugees. In addition, monitoring resettlement processes and outcomes has also become a work in progress for some of these countries. The United Kingdom has made the most progress in developing a set of indicators for measuring successful resettlement and integration by refugees. This is followed by Denmark which has developed a single indicator to measure economic integration, and also recognises the challenges associated with such a measure. Whilst other countries tend to carry out regular surveys, the focus tends to be employment outcomes and this is partly due to the fact they are reasonably easy to access and partly because they are such an important component of resettlement strategies. In addition, there are also one-off evaluations of particular services which complement other forms of monitoring, including statistical analyses and audits. However, it is apparent that most countries including New Zealand still have work to do to develop and implement systems to monitor the outcomes that are defined as important by all stakeholders (Department of Labour, 2008).

Although there is evidence emerging from the national and international literature that there are still significant gaps in resettlement service provision, and for monitoring policy change, some credit must be given to the Department of Labour of New Zealand for the initiatives they have put in place to monitor these issues. The department hosts national refugee resettlement forums biannually, which include a range of government agencies, providers and refugee community representatives and a representative of the UNHCR. These forums are rotated among the four key refugee resettlement areas including Hamilton, Auckland, and Wellington enabling members to discuss aspects of refugee resettlement (Department of Labour, 2004; Lily, 2004; National Resettlement Forum, 2007; New Zealand Immigration Service, 2004; New Zealand Immigration Service, 2007).

In addition a settlement national action plan has been drawn up as the basis for central government activity with some regional areas developing their own action plan, such as Wellington, Hamilton, and Auckland. These plans set out what has to be done to implement the strategy, including allocated responsibilities, and a specific time frame for action. Additionally, there is a broad range of agencies working together to ensure there is a hands-on approach to meeting the needs of migrants and refugees. Implementing these action plans will be an ongoing programme of work over several years, however, it is pertinent to remember that whilst refugees face many challenges in common with other migrants, they also have needs peculiar to their situation (Department of Labour, 2004 & 2007; Lily, 2004; National Resettlement Forum, 2007).

6. Summary

A conservative estimate of former refugees and families resettled into New Zealand every year would be 1,250 (New Zealand Immigration Service & Department of Labour, 2004). The geographic spread of refugees tends to follow the national pattern of population concentrations, with Auckland, Wellington, Hamilton, Christchurch and Nelson being the main areas for refugee resettlement. As indicated earlier, regardless of their status, refugees all arrive with extremely diverse needs, from the intensely practical to deeply personal. Practical needs include assistance in accessing accommodation and household effects, employment, financial support, language classes, and access to public services such as health care and educational opportunities. Personal needs can include reunification of families, understanding of past trauma, friendship, support and acceptance (New Zealand Immigration Service & Department of Labour, 2001). Therefore, over the past decades, the New Zealand government has supported and developed strategies to answer those needs. However, there is still much work needed to develop robust effective monitoring systems for refugee resettlement outcomes. Consistent with the aim of this survey which is to gain a better understanding of the living conditions of refugees resettled in Christchurch, a review of the literature on issues related to housing, neighbourhood and social support will be presented in the following chapter.

CHAPTER II
LITERATURE REVIEW

2.1 Introduction

In this chapter, a brief overview on the 'determinants of health' will be presented and special attention will be given to the socio-economic conditions which are consistent with this survey. This will be followed by a review of the literature of refugee's experiences of the socio-economic conditions, housing, neighbourhood and social support. In addition comparisons will be made with relevant national and international publications investigating the relationship between these socio-economic conditions and their impact on population health.

2.2 Determinants of health: brief overview

Over the past decades, a growing body of evidence has demonstrated that personal, social and environmental factors influence significantly the health of individuals and populations. These factors are often referred to the term of "health determinant" which corresponds to: "a factor or characteristic that brings about a change in health, either for the better or for the worse" (Reidpath, 2004, as cited in Pahud; 2008). Therefore, factors such as where we live, the state of our environment, genetics, our incomes, and education level, and our relationships with family, and friends all interact and have considerable impacts on health (W.H.O,1981). Such interaction is illustrated in Dahlgren & Whitehead's (1991) model presented in figure 1 below:

Figure 1: The main determinants of health
(Source: Reducing Inequalities in Health, Ministry of Health, 2002)

The interest in *determinants of health* grew out of the search by researchers to identify the specific exposures by which members of different socio-economic groups come to experience varying degrees of health and illness. A consistent body of literature has researched, or acknowledged, the major role of socio-economic health determinants such as level of income, employment, education, living standards, health care setting, social inclusion and participation in protecting and promoting good health amongst a population (Ministry of Health, 2000; W.H.O, 2003).

As an illustration, employment apart from providing income enhances social status and improves self-esteem; it also provides social contact and a way of participating in community life (Health Research Council, 2007; National Advisory Committee on Health and Disability, 1998; Wilkinson et al; 2003). Equally income enables individuals and households to purchase the goods and services such as education, housing or health care that contribute to their overall health. Conversely, employment insecurity or chronic unemployment has been shown to have adverse effects on mental health (for example, increased rates of anxiety and depression) as well as on physical health (for example, an increase in heart disease) (Ministry of Health, 2000; W.H.O, 2003).

Individuals also rely heavily on social support which maybe based on friendships or on broader elements of social cohesion, such as mutual trust, varying levels of community participation, and relationships between people. As mentioned earlier, special attention will be given to some of the socioeconomic health determinants namely housing, neighbourhood and social support

2.3 Housing

The World Health Organisation views housing as the ability to live in an adequate shelter and describes housing as being "more than just a roof over one's head" based on the following four dimensions (Bonnefoy, 2007):

1. the dwelling as the physical shelter,
2. the neighbourhoods /community as the social climate surrounding the dwelling,
3. the external dimension of the immediate housing environment, and
4. the community with all its neighbours.

The interrelation of these dimensions is represented in figure 2 below:

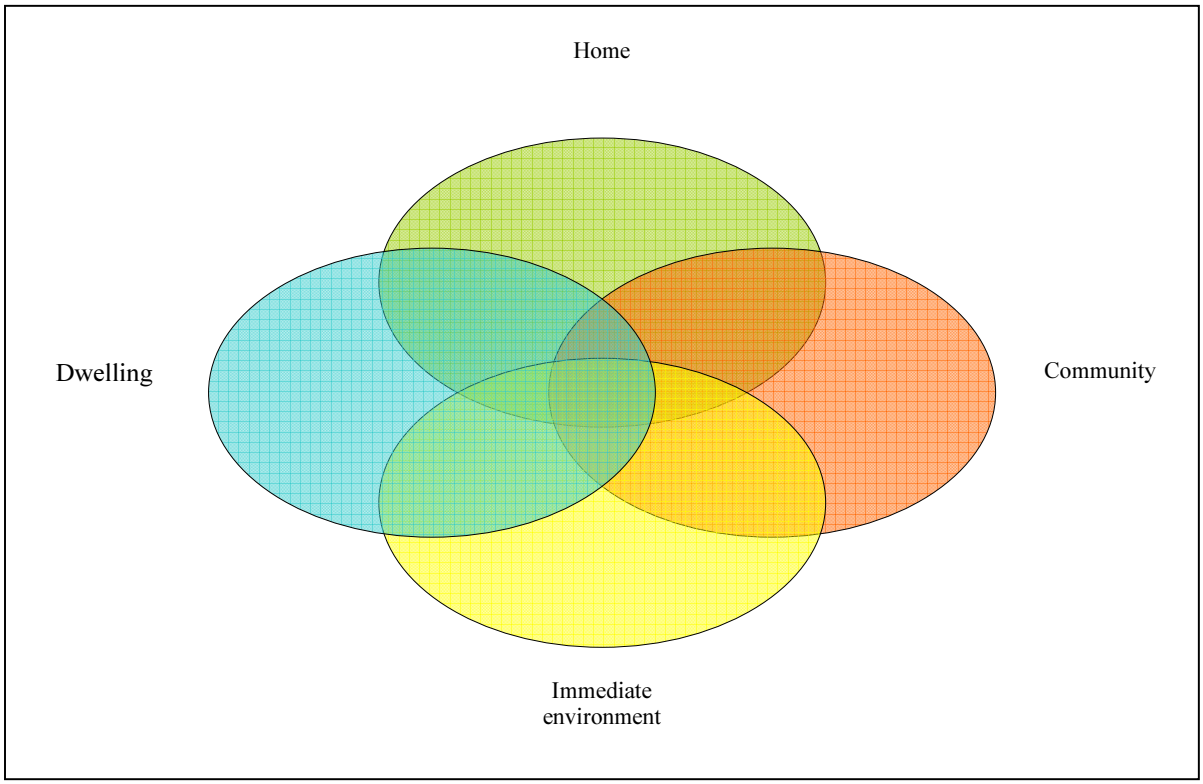

Figure 2: Diagram of the housing's four dimensions
(Adapted from Bonnefoy, 2007).

As figure 2 illustrates, housing is a complex construct that cannot be represented solely by the physical structure of the home alone. Neither can the four dimensions be viewed as separate entities; clearly they are each intricately interlinked with each of them having the capacity to affect an individual's health, either through physical, mental or social mechanisms (Bonnefoy, 2007; Braubach, 2007; Commission on Social Determinants of Health, 2007).

Indeed, discussing housing requirements includes affordability, regular maintenance of buildings, and security of tenure, occupancy and which also includes overcrowding (National Advisory Committee on Health and Disability, 1998; Tobias & Howden-Chapman, 2000). This has been shown in New Zealand by the development of the New Zealand Housing Strategy 2005. The strategy sets out a vision and strategic direction for housing in New Zealand until 2015. It takes a collaborative approach to strengthening the housing sector's ability to provide affordable, quality housing for all New Zealanders and

is guided by the vision that *"All New Zealanders have access to affordable, sustainable, good quality housing appropriate to their needs"* (New Zealand Housing Strategy, 2005, p.7). The strategies programme of action for housing over the coming years is broad, and requires a range of government agencies in its implementation. It highlights the New Zealand government's commitment in ensuring people on low and modest incomes or with special housing needs receive the help they require to find and stay in affordable, good quality housing (New Zealand Housing Strategy, 2005).

For refugees, accessing secure and affordable permanent housing is perhaps one of the most challenging and complex problems facing countries of resettlement (UNHCR, as cited in Parsons, 2005). This line of thought has also been highlighted by the New Zealand Immigration Service and Department of Labour (2004) with an emerging consensus that the ability to access safe, secure and affordable housing is a crucial first step for resettled refugees. Many barriers, however, prevent such a rapid and satisfactory achievement. This will be explained further in the following sections.

2.4 Prohibitive costs and overcrowding

Many refugee groups coming from a non-Western setting have specific housing needs that challenge the current New Zealand housing market. They often have large and extended families. Available sources reported that generally refugee families are larger than the average New Zealand household size. This makes it difficult for both refugees and social services to find suitable housing because (i) high renting costs of private larger sized housing and (ii) the availability of subsidised larger sized housing is limited.

The New Zealand Immigration Service and Department of Labour (2004) revealed that a major concern of refugees, regardless of the refugee classification related to their inability to access suitable housing because of the lack of financial resources. Indeed quota refugees were found to be the highest group living in government subsidised housing paying an average of $NZ105 per week. Additionally, the house size of the accommodation was not sufficient to cover the needs of the family. Households were

found to be larger that that of the New Zealand household average size of 2.7 people (Statistics New Zealand, 2006) and are often living in households with extended families of 5 to 12 members. It was also found that quota refugee families had a higher number of people per bedroom than the New Zealand average (1.83 versus 0.84). Refugee families have also been found to be larger in other countries, for example, in a study undertaken by Miraftab (2000) in Canada which investigated the housing experiences of refugees living in Vancouver, found refugee families are larger in size (2.92) than the average Canadian family of 2.4.

In addition to the above findings on refugee families being larger on average than some host countries, other studies are also highlighting similarities regardless of location. In a study undertaken by Murdie (2005) in Toronto, which compared the housing experiences of sponsored refugees and refugee claimants found similarities' between both groups. They both experienced limited supply of social housing units, and most were forced into relatively expensive private rental housing. Low vacancy rates, high rents, poor quality units, and perceived discrimination in the private rental market have also contributed to the difficulties for refugees in securing appropriate and affordable accommodation. In addition, Murdie (2005) found these issues to be particularly more severe in high cost markets such as Toronto and Vancouver.

Similarities of affordability, high rents and limited housing stock is experienced in the New Zealand refugee community. For example, Lily (2004) who investigated the housing needs and experiences of Christchurch's Somali community, found participants struggled to find houses that were affordable and described housing in Christchurch as 'expensive'. However, the majority of research participants accessed housing from Housing New Zealand. These homes were located in areas in Christchurch with a New Zealand deprivation decile rating of between six and ten. The participants were also receiving some sort of assistance and benefiting from income adjusted rents. However, the cost of housing is relative and was a significant issue. Additionally the participant's expressed their frustration at the length of time they had spent on waiting lists for housing, which suggested they would accept any property they were able to get regardless whether it met

their specific requirements. Overcrowding was also identified as an issue with one research participant living in a two bedroom flat with her husband, three children and her husband's mother. This arrangement was considered acceptable, although the household was on a Housing New Zealand waiting list for a four bedroom house. Another research participant was renting a two bedroom dwelling for one adult and three children. She considered this dwelling density was acceptable to the parent while the children were young.

Further, the studies cited above and others reported that language and cultural barriers, the lack of familiarity with New Zealand organisational practices, discrimination from landlords and the wider community were additional barriers impacting on refugees' ability to access suitable housing, where they can settle and feel secure (Butcher et al, 2006; Lily, 2004; Murdie, 2005; New Zealand Immigration Service & Department of Labour, 2004; Parsons, 2005).This practice of discrimination is not unique to New Zealand, studies overseas have found similar findings, for example, Miraftab (2000) found discriminatory practices towards refugees when trying to access the housing market. Some of the discriminatory practices were targeted at the refugees skin colour, their level and source of income, language barriers and household size.

Such findings demonstrate that refugees are often placed at particular disadvantage in the private housing market and have to rely on the availability of subsidised housing. Moreover, the problem of overcrowding may place them at increased risk of health problems. Although the relationship between both is complex, overcrowding has been identified an important risk factor for developing diseases such as meningococcal or respiratory infections (Baker & Howden- Chapman, 2003; Baker, 2007; Statistics New Zealand, 2006). Other studies found that people who live in more crowded housing also presented poorer physical and mental health (Ministry of Health, 1999; Howden-Chapman and Wilson, 2000).

Such difficulties are not unique to New Zealand and similar patterns have emerged in the international literature. For example, Phillips (2006) found that the housing conditions of

refugees resettled in Britain were poorer than the rest of the population. They occupy a relatively weak, marginal position compared to other population groups when competing for decent, affordable accommodation. The research also pointed to high levels of overcrowding, poor conditions, and presenting risks in terms of health such as high rates of infectious diseases. Additionally, the author identified that recently arrived refugees often ended up residing in deprived estates in low demand areas, characterised by poverty, community tensions and crime. As discussed previously Miraftab (2000) also found that refugees resettling into Canada experienced prohibitive rent costs, followed by overcrowding due to the household's large number of children, which often meant that the existing private and public housing did not fit the family size.

Similarly, in a study undertaken by the Scotland government (2006), which wanted to not only identify the housing support requirements of refugees, but also develop a service specification for local authorities, found similar findings to the above mentioned studies. In particular, participants identified that the ability to live in a 'decent home' in a 'decent area' was of particular importance to them. 'Decent' for the participants meant safe from fear of violence and harassment. Only a minority of the participants' felt happy with the accommodation they occupied and its location, whether it was council housing or housing association or privately rented property. A majority of participants living in council housing felt unsafe in their area and identified dampness and fuel poverty as major problems for them. Around three-quarters of participants registered present or past dissatisfaction with one or more aspects of their housing.

2. 5 Housing and insulation

The housing environment is widely acknowledged as one of the main settings that affect human health, and the quality of housing conditions plays a decisive role in the health care status of its residents. It is estimated that people in high-incomes countries which includes New Zealand, spend more than 90% of their time indoors and most of this is in their own homes. Contributing to the poor quality of houses in New Zealand prior to 1977 houses were not required to have insulation installed this was due to the

undemanding housing regulatory standards of that period. As a consequence it is now estimated that between one-third and a-half of New Zealand houses are inadequately insulated. Indeed in the 2001 census, 3% of New Zealand households were unheated, and this figure is relatively unchanged, with 2.4% in 2006 (Howden- Chapman et al., 2007; New Zealand Statistics, 2008).

A study undertaken by Howden-Chapman et al, (2004) [3]in New Zealand aimed at determining whether insulating existing houses would increase indoor temperatures and improve the occupant's overall health found that the temperature in most New Zealand homes was about two degrees colder than that recommended by the WHO which is 18-22°C. The data collection for the 'Housing, Insulation and Health Study' was carried out over the winters of 2001 and 2002. The sample included 1350 homes of low socioeconomic status dwellings with no insulation, and the occupants reported that 18% of theses homes were in poor or very poor condition, 89% had condensation, and 75% had mould. Such findings led to the insulation of households randomly allocated to the intervention group during the first winter of the study, June through to August 2001.The intervention involved insulation of houses by trained community teams. This insulation package was the standard "New Zealand efficiency and conservation authority package" which involves insulation in the ceilings, draught stopping around the windows and doors, sissilated paper strapped under the floor joists and polyethylene covering over the ground (Howden-Chapman et al., 2004). A follow-up survey of selected households showed a marked increase in temperature, a significant decrease of the participant's income spent on heating their homes as well as marked improvements in occupants' health. Such findings highlight the link between damp, cold, crowded housing conditions and poor health and that pragmatic intervention can reduce considerably the side effects of poor housing on individuals' health.

Similarly in the LARES[4] survey (2007) which is discussed in more detail in the following section, found 22.5% of all the households surveyed were dissatisfied with the thermal insulation of their housing. The major reasons for cold indoor temperature were found to

[3] Described as robust and groundbreaking research by the British Medical Journal (2007)
[4] Large Analysis and Review of European Housing and Health Status

be inefficient heating systems, a lack of heating regulation, or the lack of heating equipment in some rooms. Children (0–17 years of age) were found to have doubled the prevalence for respiratory problems in homes that had low quality heating systems. While the elderly (65 years and older) showed increased respiratory problems when living in homes with perceived colder temperatures in winter or inadequate insulation. For the elderly, there was also a significantly higher reporting of arthritis in homes that were perceived as cold in winter. Problems with indoor temperature in winter and transient seasons are also significantly associated with diagnosed acute bronchitis and pneumonia. Furthermore, thermal problems in winter are associated with diagnosed cold/throat illness, multiple allergies, and asthma prevalence.

In that respect, literature sources report that many of the above health problems such as recurrent respiratory problems, wheezing, asthma, pneumonia and chest infections, are either directly or indirectly related to the building itself, either because of the materials that were used, and/or lack of equipment installed or the size or design of the individual homes (Bonnefoy, 2007; Commission on Social Determinants of Health, 2007; Howden-Chapman et al., 2007; Mackenbach & Howden-Chapman, 2002; Sheuya et al., 2007; Tobias & Howden-Chapman, 2000; Wilkinson et al., 2004).

The foregoing has highlighted some of the major issues related to refugees housing conditions. Services providers who took part in the New Zealand Immigration Service and Department of Labour study (2004) also identified similar concerns that available housing stocks for the refugees were not appropriate in terms of size, cost and location. Several service providers commented on a shortage of housing and the increasing cost of private rental accommodation. Adding to these issues is the fact refugees are also competing with other low income groups in New Zealand for limited affordable housing.

3. Neighbourhood

Neighbourhood is the place where the housing is located, influencing the provision of basic infrastructure and social services, and is defined "as the immediate environment, a district where people live, and the people in a particular area" (The Collins Oxford Dictionary, 1987, p.666). Therefore, it has a number of features that contribute to high levels of social cohesion such as strong ties with family, a safe and pleasant environment including housing, good public transport and other public services, meaningful social networks and a strong community identity.

In recent years, neighbourhood and its effects on health have received increasing interest and various studies have attempted to identify the association between both. Results demonstrated that the negative health impact of poor quality housing on its occupants was often associated with neighbourhood problems including inadequate community services, high levels of unemployment, environmental hazards such as violence, inadequate public transport and recreational facilities (Braubach, 2007; National Advisory Committee on Health and Disability, 1998; Tobias & Howden-Chapman, 2000; Stafford & McCarthy, 2003).

For example, WHO (2007) housing and health programme undertook the LARES survey in eight cities over Europe between 2000 and 2003[5]. This survey was designed to gain knowledge of the impacts of existing housing conditions on population mental and physical health. It provides evidence that housing and health is a complex interaction, and covers a variety of health-relevant housing factors that have so far been neglected or underestimated. In each city as well as for the whole sample, there were important and health relevant trends (accessibility and ageing, noise and sleep, mental health, accidents, heating and fuel poverty, allergies, perceived safety, indoor air and moulds, physical activity etc.) that need to be considered in both public health and housing policies.

[5] This was an initiative of the WHO following a proposal by the WHO European housing and health task

One area of the survey investigated neighbourhood and its related effects on population health and residential satisfaction. The most relevant factors explaining people's residential dissatisfaction with their neighbourhood included noise from traffic, neighbours negative attitudes, and the perception of fear and crime indicating the social dimension of the neighbourhood. For example, 38% of all surveyed households reported traffic noise as a problem, 17% identified aircraft noise as an issue, while 13% included noise from neighbours and surrounding businesses in the neighbourhood. Furthermore, the results found that noise exposure is also a question of social inequity. There were significantly more reported noise-induced sleep disturbances by poor households and 57% of the households assumed that part of the noise disturbance was caused by insufficient sound insulation of their housing. Other factors included in residential dissatisfaction were the lack of residential amenities such as parks and playgrounds, and the poor level of maintenance of the residential area itself (i.e. presence of graffiti, and rubbish left lying in the street). Such findings indicated that irrespective of socio-economic inequalities and poor housing construction or maintenance, the immediate environment has direct or indirect negative health impacts, such as recurrent respiratory problems, and mental health issues including depression.

In addition to the above findings, Braubach (2007) conducted a multivariate analysis[6] of the LARES survey data. Results confirmed that noise exposure and perceived insecurity were both significantly associated with low residential satisfaction, sleep disturbance and depression.

In New Zealand, Butcher et al, (2006) investigated the nature of discrimination experienced and/or perceived by migrants and refugees. They described that neighbourhood interaction and relationships between refugees and their New Zealand neighbours were influenced by a variety of factors. Such as the actual or perceived numbers of immigrants living in close proximity to each other. For example, a participant from Sri Lanka noted the tendency for immigrants to congregate in particular

[6] Relating to or used to describe a statistical distribution that involves a number of random but often related variables.

neighbourhoods leading to frequent negative perceptions amongst New Zealanders. Other participants reinforced this view by reporting experiences of discrimination which they believed to be linked with a lack of knowledge and understanding about their backgrounds and situations. Exacerbating these negative relationships within their neighbourhood was often media coverage, which tends to promote or reinforce a view that some migrants' or refugees' groups are unwelcome in certain neighbourhoods because they might create problems. In addition, participants reported they did not experience specific acts of discrimination from their neighbours as their New Zealand neighbours in general had little to do with them.

Similarly, the study conducted by the New Zealand Immigration Service and the Department of Labour in 2004 (described in the previous section) found that location, affordable cost, and cultural appropriateness of the neighbourhood were factors clearly identified as contributing towards former refugee's positive settlement outcomes. Additionally, refugees identified that close access to shops, schools and proximity to the church, mosque or temple enabling their religious practices and meeting others were critical to their life satisfaction.

Indeed in a study undertaken by Damm (2007), while investigating the impact of the Danish spatial dispersal policy on refugees found that refugees prefer living in close proximity to co-nationals and immigrants (irrespective of origin) in their neighbourhood. These findings are confirmed by Robinson (2007) a well known British academic who has reviewed the literature on UK resettlement policy since 1945. He concludes that individual dispersal policies have largely failed and has found that instead clustering new arrivals has been relatively successful. This is more so where the location of a cluster is systematic and based on a wide set of factors chosen because of their connection to successful integration. In addition, successful programmes have tended to locate new resettlement refugees near to pre-existing communities, and where there is local support for their presence, either from local people or from local people of the same ethnic or religious group or who share the same political beliefs (Robinson, cited in Department of Labour, 2007).

4. Social support

While the literature acknowledges the above factors as having a significant influence on an individuals' health, social support has also been identified as an important resource impacting on refugee resettlement outcomes. Social support is defined as "generally and loosely, all those forms of support provided by other individuals and groups that help an individual to cope with life" (The Penguin Dictionary of Psychology, 2001.p. 691). It also refers to the practical and emotional and informational support individuals receive from family, friends, co-workers and others. Such a combination promotes an individuals' sense of belonging to a social network, enabling them to communicate and develop mutual obligation. It is critical to make people feel cared for, respected and valued. In that respect, social support makes an important contribution to health, and studies demonstrate that it acts as a moderating factor in preventing the development of psychological and/or physical disease linked with stressful life events (National Advisory Committee on Health and Disability et al., 1998; Wilkinson et al., 2003).

It is generally accepted both refugees and migrants initially turn to their families and other members of their communities for social support and information (New Zealand Immigration Service and Department of Labour, 2001 & 2004). Meanwhile, it is also acknowledged that refugees require ongoing support from national and local resettlement service providers in having their basic needs met. Such a support which ranges from financial assistance, accessing affordable housing, learning English, gaining employment and building supportive networks is crucial in facilitating positive resettlement.

The New Zealand Immigration Service and Department of Labour (2004) when carrying out an in-depth study into the resettlement experiences of refugees recalled that the effectiveness of social support impacts on refugees' resettlement outcomes. This 400 page publication provides an in-depth look at the resettlement experiences of refugees in relation to housing, family reunification, learning English, finding employment, social support, discrimination, and settling in New Zealand. This research examined the experiences of 398 refugees which were broken into two groups consisting of *recently*

arrived quota, convention and family reunification refugees. They were interviewed at six months after arrival and then again at two years. The second group was *established* refugees who had been in the country for five years.

Findings revealed that the main issues were about acknowledging and responding to refugee resettlement needs, their lack of understanding of available services and entitlements, and their access to the labour market. A key reason participants gave at six months for not getting the help they needed, was they simply did not know where to go to get the help they required. Issues that were identified at two and five year intervals were the continued need for support in accessing their financial entitlements, gaining employment and learning English. In addition and impacting further on refugee's ability to access services was identified by service providers who took part in the study and reported that largely New Zealanders are ignorant of refugees, and their plight within the community, and often lack the patience in dealing with difference.

This problem of supporting and addressing refugee needs is not unique to New Zealand and recent international surveys in Glasgow, Scotland and the U.K. have identified similar gaps in support in accessing service provision. For example, Wrens (2007) has explored the effectiveness of multi-agencies that had been set up in Glasgow following the implementation of the Home Office dispersal policy. This policy was introduced in 2000 to alleviate the pressure on already heavily populated areas such as Glasgow and the South-East of London by moving thousands of adult asylum refugees around the country. Unfortunately refugees were relocated to regions of the country which had little experience in providing support and services for this population group. This resulted in dissatisfaction not only amongst the refugees but also the host communities because it produced significant challenges for already stretched resources such as housing providers. Findings also raised concerns over the reactive way in which these services have been provided, and highlighted the frustrations experienced by service providers working within a disjointed policy framework. In addition it appeared that responsibility for meeting refugees' needs had fallen on voluntary and community organisations to fill gaps in statutory service provision.

Philips (2006) recorded similar findings drawing from qualitative research across five English locations in the U.K. She investigated what local housing providers and community development workers felt were the prerequisites for successful housing integration. This study identified gaps in service provision and in the co-ordination of housing services, inadequate communication between community organisations and mainstream providers as well as disparities between the priorities and expectations of refugees and service providers resulting in a confusion of responsibilities. Further, refugees often required more support because of the trauma of forced migration, and their inability to develop the community support networks evident in established groups.

The studies cited above, therefore, have identified that refugee resettlement requires concentrated long term support from services and their extended communities. They also highlight that social support and good social relationships make an important contribution to health in resolving some social inequalities such as poor housing, unemployment or poorly paid and dangerous work, fear of crime, a degraded environment, and social isolation due to inadequate transport or lack of participation which all contribute to social exclusion (Commission Social on Determinants of Health, 2007).

4.1 Financial assistance and unemployment

An important aspect of social support includes financial assistance for socially disadvantaged groups. On arrival, refugees rely heavily on the New Zealand government for financial assistance due to unemployment or minimal paid employment. As explained previously, quota refugees are eligible to receive an emergency unemployment benefit at the same rate as benefits provided to other low-income New Zealanders. They may also be eligible for other assistance such as disability allowance or an accommodation supplement and are also entitled to the re-establishment grant of NZ$1,200. Convention refugees are not entitled to this re-establishment grant, but can apply for an emergency unemployment benefit, with family reunification refugees relying on family for financial support.

A major issue faced by refugees are the tremendous difficulties they experience in their attempt to access the labour market. The New Zealand Immigration Service and the Department of Labour (2004) identified that after two years of residence the main source of income for 89% of refugees was on a government benefit. Although it is interesting to note that 58% of convention refugees at the six month interview had received a salary or wage, and at two years 50% had received either a salary or wage (New Zealand Immigration Service and Department of Labour, 2004).

Income has also been identified as the single most important determinant of health. In that respect, low income related to unemployment, puts health at risk and the risk is higher in regions or amongst population groups where unemployment is wide spread (Ministry of Health, 1997). There have been a number of influential population studies over times which have demonstrated a relationship between unemployment and increases in ill health, both physical and mental. For example, in Canada, Jin et al, (1995) reviewed forty-six articles which indicated a clear association between unemployment and many adverse health outcomes such as increased rates of mortality and mortality due to cardiovascular disease and suicide. Further, unemployed people tended to visit their doctors, took medications or were admitted to hospital's more than people who were employed.

Similarly, Mathers and Schofield (1998), from the Australian Institute of Health and Welfare, found reasonably convincing evidence for a consistent association between unemployment and poorer health based on an examination of biological risk markers, physical and mental ill-health, suicide and increased mortality. It appeared that in all social classes, the mortality rate of the unemployed was higher than that of the employed, particularly for cardiovascular deaths, lung cancer, accidents and suicide. In addition cross-sectional studies and factory closure studies documented higher levels of hospital admissions, doctor visits and outpatient visits among the unemployed. This is usually interpreted as another indicator of poorer health. In addition the authors also noted the relationship between unemployment and health is complex and varies for different population groups. The most convincing studies have followed people over a prolonged

period of time, controlled for characteristics prior to unemployment and have taken account of other confounding factors such as social class and health behaviours.

In New Zealand, the current employment climate is one of rapid change, and reflects global and local economic situations and policies. For example, in December 2007, national unemployment figures indicated that 3.4% of the active population was unemployed. However, during the second quarter of 2008 the unemployment rate has increased to 3.9% (New Zealand Statistics, 2008).

In 1998 the Christchurch City Council undertook a comprehensive study of poverty and hardship in response to a lack of data on both of these issues alongside growing evidence that government policies did not target the least disadvantaged people. The study surveyed 1079 socially disadvantaged clients from approximately fifty community social service agencies about aspects of poverty and hardship, and the impacts that these were having on their daily lives. Most of these clients were experiencing hardship and strain to varying degrees. Firstly, it was found that those most likely disadvantaged in Christchurch included women, families with children (especially single parent), Maori and Pacific Island people, young people, refugees and those with serious mental health problems. All were reliant on limited income. Refugees were found to be more likely than the rest of the sample to be on very low incomes. Forty percent of refugees were on net weekly incomes of NZ$150 or less, compared to 22.3% of the rest of the sample. No refugees were earning over NZ$500 per week net, compared to 9.2% of the rest of the sample. Nearly 40% of refugees belonged to the lowest socio-economic strata ranging from NZ$301 to NZ$500 per week (Christchurch City Council, 1998).Certainly this compares with the findings from the Department of Labour study (2004), which found nearly all participants who were receiving either an annual salary or wage were earning less than NZ$30,000, and some less than NZ$10,000. Moreover, refugees in the Christchurch study were more likely than the rest of the sample to be on welfare benefits. Seventy seven percent were welfare benefit recipients, compared to 53.8% of the rest of the sample. Twenty nine percent were on benefits for longer than two years and 61.3% for longer than a year, these figures highlight refugees remain on benefits long term.

More recently figures for unemployment amongst the refugee groups in Christchurch 2006, revealed refugees from the Kurdistan community had the highest unemployment figure of 30%, followed by the Somalia and Ethiopian refugees at 19% and 18.8% respectively. The Afghanistan community had the lowest unemployment rate at 15.2%. However care needs to be taken when interpreting these figures due to the small refugee population numbers of these groups and low total labour force. Nevertheless unemployment remains three to seven times higher in these groups compared to the rest of the population (Christchurch City Council, as cited in Pahud, 2008). Such in disproportionate rates of unemployment can be explained by the fact that refugees are particularly disadvantaged in seeking employment, because of language and communication problems, cultural factors such as dress, lack of recognition of previous educational and professional skills, and unfamiliarity with the labour market and the attitudes of employers.

Similarly, the New Zealand Immigration Service and Department of Labour study (2004) identified that refugees had worked in a variety of occupations before coming to New Zealand. One quarter of the recently arrived participants worked in trades such as a motor mechanic or carpenter, with 20% in professional occupations, and 17% in sales and service. Yet for many refugees to obtain this type of employment in New Zealand, they would be required to produce evidence of previous qualifications and work experience. However, for many refugees who have been forced to flee their country in precipitation did not have time to collect such documents. Additionally, their previous qualifications are frequently considered inadequate and are often not recognised in New Zealand.

Gaining employment is one of the keys to successful settlement and often the most problematic area for refugees. Available information highlights that for many, access to paid employment remains difficult to achieve. Consequently, they have to rely heavily on government financial assistance which often is just sufficient to cover their basic needs. Unemployment also impacts significantly on physical and mental health, and adds further to the refugee's plight of insecurity by increasing their loss of self-esteem.

Due to economical poverty, most refugees also require assistance to affordable housing. Additionally, the literature identified refugee's struggle to enter the labour force. Participation in paid work can have other benefits and increase individuals sense of social connectedness. Whilst it is recognised some people are unemployed at some time in their lives, research suggests chronic unemployment is linked to serious economic, social and health-related consequences.

4.2 Housing Support

Housing affordability affects all New Zealanders, rising property markets, easy credit and high rates of immigration have all contributed to the rapid inflation of residential property prices in New Zealand. Over the past decade, homeownership rates are declining and private renting is growing with the characteristics and circumstances of those who rent changing. Proportionately fewer young people are flatting away from home, older people and families with children are renting, and there is greater cultural diversity within the renting population that corresponds to the changing nature of the population. The rental market grew by over 35% between 1991 and 2001 (approximately 100,000 households), with 26% of all households renting privately by 2001. New Zealand faces the prospect of more households remaining in private rental accommodation throughout their lifetime (New Zealand Housing Strategy, 2005). These factors impact heavily on the private rental market and add stress to social housing provider's ability to provide affordable housing within New Zealand. Housing affordability is also a key issue for refugee's who may be unemployed or underemployed in low paying jobs, indeed the New Zealand Immigration Service and Department of Labour study (2004) found that a high proportion of refugees on low incomes are living in subsidised housing.

Internationally other countries are facing similar issues with housing. In addition, studies conducted in a number of resettlement countries have shown that resettled refugees tend to be over-represented in insecure and substandard housing and suffer discrimination in the housing market (Beer & Foley, as cited in Gore, 2005). The European Council on Refugees and Exiles observed that one of the many issues facing refugees in seeking

suitable accommodation is the failure of specific needs being recognised by housing providers. Indeed, over the last decade there has been a significant growth in the number of people applying for refugee status in Britain. The growth in applications has been met with concern by both the Government and agencies working for refugees and housing has emerged as one of the central issues under discussion by all parties. Housing agencies across the United Kingdom are now under increasing pressure to support and help integrate new migrants, of whom asylum seekers and refugees are key groups (Perry, 2005). Yet there has been little practical guidance aimed at housing providers on how to do this. In 2005, Perry and colleagues developed a practical guide on how to address the issues facing housing providers. The work focused on five main areas – accommodation, support services, community integration, partnership working to deliver services, and refugee housing strategies. The guide aims to show how safe and secure housing can be provided and how it can be the crucial link in helping people establish themselves in communities where they want to live and where other people accept them. The guide also argues that one of the best ways of doing this is to involve refugees and other new migrant groups in assessing the need for, providing and monitoring services. However by focusing on the needs of new migrants, the guide does not ignore the needs of the existing communities. In addition, Canada and Australia also have subsidised housing for refugees. In Australia the path to accessing suitable housing has many obstacles and in order to meet the criteria for public housing, refugees must be receiving Centrelink[7] payments or be on a low income (Gore, 2005). This criterion of low income is not too far removed from the current criteria for refugees accessing housing from social housing providers in New Zealand. This once again affirms the low socioeconomic situation former refugee's are in regardless of geographical location.

[7] **Centrelink** is an Australian Government Statutory Agency, assisting people to become self-sufficient and supporting those in need.

4.2.1 Christchurch City Council Housing

Such financial dependence and economic deprivation confirm the extent to which refugees depend heavily on social housing providers because the rent is income related. The Christchurch City Council has a long history of providing social housing to the people of Christchurch since the early 1920's. Christchurch City housing grew over the years to provide more and more housing for Christchurch's elderly residents and the 1970's, and 1980's were years of particularly high growth. Some complexes were built on land owned by the council, and some were purchased by the council already built. This growth was encouraged by central government, which at the time offered low interest loans to city councils to provide housing (Christchurch City Council, 2008).

However, central government stopped providing such loans in the early 1990s. Along with this change, the Christchurch City Council acknowledged that there were gaps in the provision of affordable housing for those who also had disabilities or who were disadvantaged. In that respect, the City Council reviewed housing needs in 1996, which resulted in a formal decision to expand the role of city housing by providing homes to a broader range of people. To date there are 117 complexes throughout Christchurch and Banks Peninsula, and more than 2670 units. The majority of these make up the 113 attached, semi-attached or close proximity housing complexes located around the city of Christchurch. Housing stocks range in age with the oldest being built in 1938, and the newest opened in 2007, and the city council now has the second largest portfolio of social housing in New Zealand, after Housing New Zealand (Christchurch City Council, 2007, 2008).

The Council's social housing role continues to evolve with increasing demands on its housing resources from a wider range of groups in the community. Indeed the Christchurch city council is committed to their social housing portfolio and this was reflected with the development and introduction of their social housing strategy in 2007. The strategy has been influenced by a decrease in housing affordability; an ageing population, lack of suitable and safe housing options for a range of other groups,

alongside a demand for emergency and supported housing services (Christchurch City Council, 2007).

The eligibility criteria for a city housing unit are based on income, asset holdings, and needs. Virtually all council tenants receive income-tested benefits, with 49% receiving superannuation. Sickness and unemployment benefits are the other main benefit sources. Not surprisingly, these results in tenants having low incomes, with 79% receiving an income of less than NZ$15,000, compared to 17% for all Christchurch households. There is a waiting list and the length of time spent on this is dependent on the needs of the applicant and availability of units (Christchurch City Council, 2007 and 2008; Lily, 2004).

In Christchurch in 2001, 13% of the population lived in the most socioeconomic deprived areas of the city. Areas of high deprivation are located in a band from West to East through the City Centre and include the areas of Hornby, Wigram, Halswell, Riccarton, Addington, Sydenham, Linwood, Bromley, Aranui and New Brighton. These areas also include high concentrations of Maori and Pacific Island people, sole parent families, refugees and recent migrants. It is well recognised areas of high deprivation correspond to areas of social disadvantage with people experiencing multiple forms of hardship, such as high levels of unemployment, low home ownership and high levels of rental properties, particularly Housing New Zealand Homes (Christchurch City Council, 2003 and 2007).

Rents have risen in recent years, and are expected to continue to rise. In Canterbury, those renting now pay 34% of their incomes in rent, compared with 28% in 2000 (Thomas, 2006 cited in Christchurch City Council, 2007). Along with widening income differentials, it is becoming increasingly difficult for low-income individuals and families to find and retain suitable accommodation, whether owning or renting. This lack of sustainable housing can also lead to more transient lifestyles because people are unable to buy the necessities such as food or heating sources after paying their housing costs, which can have a negative impact on their health (Christchurch City Council, 2007).

The weekly rent for council housing ranges are illustrated in table 2 below, however these figures need to be read with caution, as they are what tenants were paying prior to the recent rental increase of 24%, by the Christchurch City Council on 28th April 2008. Following this announcement many people have formed campaign groups lobbying against council over this controversial rent increase, and as a result the council is currently being investigated by an Ombudsman (The Press, 15th May 2008). The council in explanation stated they had increased housing rents to a level that will enable proper maintenance and also renewal of its social housing as it ages.

Table 2: Christchurch City Housing -Weekly rental figures at April 2008

Type of Accommodation	**Weekly Rent**
Bedsit	NZ$76.20
One bedroom unit	NZ$86.20
Two bedroom unit	NZ$128.50
Two Bedroom unit	NZ$135.00
Three bedroom unit	NZ$173.40
Four bedrooms	NZ$191.40

(Source: Christchurch City Council, 2008).

However, in a recent study undertaken by Saville-Smith et al, (2007)[8] which investigated the current role of local government in affordable housing, found for many of the councils involved in the study, their approach to housing was based on past policy and practice. In addition it was found councils collect little information about housing affordability, with a limited understanding of the impacts of local government activities on housing affordability. Furthermore, it was found they do not have the capability or the capacity to adequately assess or manage the impacts of their activities on housing affordability. Equally councils appear to have limited resources directed to addressing issues around affordable housing at the policy and planning level.

[8] For the centre for Housing Research Aotearoa New Zealand (CRESA)

4.2.2 Housing New Zealand

State housing has been part of New Zealand's history since 1905. The ten years between 1991 and 2001 have been a period of sharp shifts in housing policy. New Zealand has moved from a long history of benign state support, dating from the 1930s, to a market based approach, followed by a further trend towards residualist state involvement. The housing corporation's mission statement is to provide access to decent homes, helping New Zealanders manage their own circumstances, and contribute to community life. Housing is provided through direct rental homes to people with a housing need, links with other housing providers and working with community groups and local government to address housing needs. They provide good quality, affordable rental homes for people on low to moderate incomes.

The Government offers financial assistance to low income families with affordable housing which includes (i) accommodation supplement and (ii) income-related rents. The accommodation supplement was introduced in 1991 and all households meeting certain criteria receive the supplement to offset their housing costs. The accommodation supplement is available to public and private sector tenants as well as to home owners.

Income related rents for state tenants were reintroduced in 2000, but the needs of private sector tenant households have not been addressed. Housing New Zealand uses the income-related rent allocation to subsidise the rent of tenants on low incomes so as to permit a tenant eligible for a housing New Zealand home to pay no more than **25%** of their income in rent (Housing New Zealand Corporation, 2008).

4.2.3 Housing New Zealand stock and eligibility criteria

Housing New Zealand own or manage more than 66,000 properties throughout the country, including about 1,500 homes used by community groups. Some of the homes they rent out are leased from private property owners but in either case, the subsidy

reflects the difference between market rents and what the tenant can afford (Lily, 2004; New Zealand Housing Corporation, 2005; New Zealand Housing Corporation, 2008).

The Housing New Zealand also owns and manages in excess of 5,600 homes in the Christchurch area. Of these, less than 1% is leased from the private sector through the leasing programme in which privately owned properties are added to boost the pool of housing stock. Housing priority is worked out through an assessment process that considers a range of factors including:

1 the condition of, and facilities available in their current dwelling,
2 the ability of their current dwelling to meet their social, medical and personal needs, and
3 their ability to gain access to a suitable home because of a lack of skills, discrimination of financial means.

Also when determining an applicant's eligibility, the Housing Corporation considers residency status, income, assets, and the household's level of need. An allocation system is then used to distribute housing stock to those in greatest need. Eligible applicants are placed on the waiting list. The list is divided into four groups and uses a social allocation system to determine an applicant's housing need.

Waiting list categories

Priority on the waiting list for Corporation housing is divided into four groups that reflect different levels of need:

1. **A-priority household**: *'severe and persistent'* housing needs that must be addressed immediately. This means the household's well-being is severely affected or seriously at risk by housing circumstances that are unsuitable or inadequate and there is an urgent need for action. The household is unable to access sustainable housing without state intervention.

2. **B-priority household**: *'significant and persistent'* housing need. Similar to the above category, the household's well-being is affected in a significant and persistent way. The household is unlikely in the near future, to be able to access adequate and sustainable housing without state intervention.

3. **C-priority household**: *'moderate'* housing need. The household is disadvantaged, and this is likely to compound over time due to housing circumstances that are inadequate. The household is unlikely to be able to access or afford suitable, adequate and sustainable housing without state intervention.

4. **D-priority household**: is one that may be able to function in the market and is either experiencing low level housing need or is disadvantaged.

(New Zealand Housing Corporation, 2007).

Once eligibility is established, priority is given to households experiencing housing and financial stress that is severe, urgent and likely to persist over time. The ability of applicants to functioning in the private housing market is also considered. Certainly affordability becomes a concern when the housing costs of low-incomes households exceed 25% to 30% of their income (Lily, 2004; New Zealand Housing Corporation, 2005; New Zealand Housing Corporation, 2008).

In Christchurch the Housing Corporation housing stock is broken into three areas. The Linwood area includes Christchurch City, Huntsbury, Avondale and Banks Peninsula District. The Papanui area includes Shirley, Burwood, Bryndwr, Burnside, Papanui and the Hurunui District. These areas are reflected in Christchurch's high deprivation band from East to West through the central city. Waiting lists are managed by area, and in June 2008 there were approximately 324 people waiting in the Linwood area, with 566 people on the waiting list for the Papanui area. The majority of these applicants have a significant and persistent housing need because they are unlikely in the near future, to be able to access or afford suitable, adequate and sustainable housing without state intervention (New Zealand Housing Corporation, 2008).

However, the national waiting list is dominated by Auckland, Waitakere and Manukau these cities make up approximately 70% of the housing waiting list each year. During the period of 2002 to 2003 the combined waiting list for these three cities grew by 397 applicants or 6.5% on average for the year. Waiting lists increased again in 2004, compared to 2002, by a further 112 applicants or 1.8% increase. However, in the subsequent two years the waiting lists fell sharply. A similar pattern was experienced in other cities where there was a considerable reduction in the size of the waiting lists in Wellington 247 units (40.4%), and Hamilton 136 units (19.7%). However, the biggest increases in waiting lists occurred in **Christchurch 192 units (45.5%),** followed by Porirua and Hutt 147 units (123.9%) (Housing New Zealand Corporation, 2008).

Housing New Zealand also has a national refugee coordinator who coordinates their response according to the quota refugee programme. Some Housing New Zealand regions are selected as resettlement areas and assistance is provided in helping refugee's access housing in the area they will be living in. This generally means finding a Housing New Zealand rental home, or at other times it means helping refugees find private rental housing if they cannot supply a Housing New Zealand home in that particular area. The selection of these resettlement areas is mainly dictated by RMS, who is contracted by the Department of Labour to provide settlement services to refugees. RMS considers many things when looking to resettle refugees, including the location of support services, where refugees may have family or friends, the availability of services such as schools and hospitals, community support and the location of mosques, temples and churches.

In summary, the level of government owned housing indicates the ability of the central and local governments to provide for people who might not otherwise be able to afford adequate and appropriate accommodation. As previously mentioned, available information has underlined that housing conditions and experiences are important for a refugee's sense of security and belonging, and have a bearing on access to services such as health care, education, and opportunities for employment.

5. Summary

The review of the literature presented has certainly not been exhaustive, however it was aimed at highlighting the living conditions experienced by refugees in their attempt to settle into their host countries. It also was aimed at the relationship between housing, neighbourhood and social support and their impact on individual health.

The effect of socioeconomic factors on health is, or is rapidly becoming, a mainstream health issue for the World Health Organisation and many countries (Commission on Social Determinants of Health, 2007). Globally, socio-economic inequalities are widening, related global economic trends, including pressures to cut social spending and compete in global markets, are making it especially difficult for lower-income countries to implement and sustain equitable policies. This was reported by the Organisation for Economic Corporation Development (OECD) which indicates that high-income countries experienced an increase in income inequality throughout the 1980's and 1990's, and New Zealand experienced the fastest increase of any country (Health Research Council, 2007).

In New Zealand, as elsewhere, inequalities in health exist between ethnic groups and social classes. In order to reduce such inequalities the Ministry of Health (2002) has developed and introduced the New Zealand Health Strategy which provides a framework for District Health Boards and other health services providers to improve the overall health of New Zealander's. Improving the population's health, therefore, means focusing on the factors that most influence health which requires both intersectoral actions that address the social and economic determinants of health (Blakely et al, 2007; Ministry of Health, 2002; National Advisory Committee on Health and Disability, 1998; Tobias & Howden-Chapman,2000).The New Zealand government has also followed other countries in developing settlement strategies. However, the literature has also identified the crucial need for evidence when developing policy at national and local government that they also need to include a comprehensive framework to measure policy change and settlement outcomes.

As described in the literature review, housing and neighbourhood and level of income are some of the key determinants of individual and population health. These factors impact on determining positive resettlement outcomes for refugees. Refugees rely heavily on local and central government for financial assistance for both the short and long term. They are dependent on social housing because of socio-economic disadvantages. They also require support on arrival in accessing public services, as well as effective support to gain employment and engage in their host society in the short and long term in order to adjust and live comfortably. However, the foregoing has highlighted that many refugee's encountered diverse difficulties to reach such achievements.

CHAPTER III

1. RESEARCH METHODOLOGY

As mentioned in the previous chapter, a comprehensive overview of refugee experiences in New Zealand is lacking. This is due to data either not collected or refugees are included in the "other" category in survey results instead of being recorded by their respective nationality, and/or ethnicity, or residence status (Butcher et al., 2006). This survey was, therefore undertaken to fill this gap in order to gather information on some issues reflecting the current socio-economic situation of a group, which is not represented statistically or narratively in the New Zealand census data.

The Canterbury refugee council (CRC) instigated the research and were involved in the design of the questionnaire (see Appendix 3) and selected the main topics to investigate including (i) housing, (ii) neighbourhood, (iii) employment, and (iv) sources of income including the current problems related to those issues.

The CRC agreed to support this study and initially planned to distribute the questionnaires to 120 households. Throughout the process one representative of SEKA showed an interest to distribute some questionnaires amongst the Ethiopian community. Consultation was undertaken with the council representatives on the scope of the research, the research objectives, survey questions and dissemination of the results. A research proposal was developed and application was made to the University of Canterbury Human Ethics Committee for approval to conduct this survey. Outlined in the application was the purpose of the study including the chosen descriptive and quantitative methodology, the participants' information sheet and consent form (see Appendices 1 and 2) and the questionnaire (Appendix 3). The study was submitted to the University of Canterbury Human Ethics Committee and approved on the 14th August 2007. It was assigned with the following reference number: HEC Ref: 2007/116.

The survey is a descriptive quantitative survey to gather information rather than to test hypotheses. Consistent with this focus, the *aim* of the survey was:

- To gain a better understanding of the living conditions of the Christchurch refugee community.

The *objectives* were to gather information on the following topics:

1. housing conditions,
2. neighbourhood support,
3. access to public services, and
4. socio-economic situation.

Other topics could have been included in the survey, such as education, and length of time of being unemployed. However, as previously explained, the Canterbury Refugee Council preferred as a first step, to obtain better knowledge on the issues, which they perceived as being of major importance to discuss with relevant resettlement services providers.

1. 2 Survey methodology

The survey concentrated on the four main refugee groups whom have settled in Christchurch over the past decade for humanitarian reasons, namely people coming from (i) Afghanistan, (ii) Kurdistan area, (iii) Ethiopia and (iv) and Somalia. Additionally, two participants were from Eritrea. The survey design was a cross-section survey, also known as a cross sectional study, and was chosen as it is a useful way to gather information to describe the relationship between individuals and other factors of interest as they exist in a specified population at a particular time (Encyclopaedia Public Health, 2008). Additionally, a literature review was conducted to gather information on the subject of investigation sourced from reports and academic findings.

1.3 Quantitative approach

Empirical research in the social sciences can be performed through both quantitative and qualitative approaches. Essentially, quantitative research is objective and deductive, and qualitative is subjective and inductive. Qualitative research is used to explore and

understand people's beliefs, experiences, behaviour and interactions, and uses techniques such as focus groups, and in-depth interviews. Quantitative research involves the use of structured questions aiming to measure the 'quantity', and how often, and to what extent, for example, the national census which counts people and households. Simply put, it is about numbers; objective hard data. Quantitative research generates reliable population based data and is well suited to establishing cause-and-effect relationships (Social Research, 2008).

1.4 Study design

Data was accessed from a questionnaire consisting of 55 questions related to the above mentioned topics as described in the following sub sections and is presented in Appendix 3.

1.5 Housing

The housing section consisted of 26 questions. Some were categorical questions requiring, for example, a yes or no response. Others required the participants to tick the best response option for them. The key areas being investigated included:

1. the area the participant lives in,
2. the type of accommodation,
3. the amount of rent paid,
4. the house and household size,
5. the number of people per bedroom, and
6. the type of source of heating used.

This section ended with a Likert scale[9] rating the participants overall satisfaction with their homes in Christchurch. The scale was numbered 0-10, where the number 1 was completely dissatisfied, the numbers 5-6 neutral, and 10 being completely satisfied.

9. Likert scaling is a bipolar scaling method, measuring either positive or negative response to a statement.

1.6 Neighbourhood

This section was made up of seven questions where the participants were asked to tick the best option for them on the following key areas:

1. participants experience of their neighbourhood,
2. interaction with their immediate neighbours in the past six months,
3. sense of belonging,
4. presence of members of their ethnic community within the same neighbourhood, and
5. main problems in their neighbourhood.

This section also ended using a Likert scale asking participants to rate their overall satisfaction with their neighbourhood. Again, the scale was numbered 0-10.

1.7 Access to public services

This section required the participant to tick the best response option for them in terms of accessing public services such as:

1. transport,
2. health care,
3. adult English classes,
4. training for specific jobs, and
5. resettlement services providers (e.g. Refugee Migrant Centre).

1.8 Support and source of income

This section was made up of categorical questions investigating the source and level of income available per household. Questions were aimed to investigate:

1. the type and amount of welfare assistance,
2. the receiving of supplementary financial assistance,

3. the number of people working within the household,
4. if they were working full or part-time,
5. the level of weekly income after tax, and
6. if they had any debt.

1.9 Other

This section focused on asking participants to self-assess their overall life satisfaction in Christchurch through a Likert scale. It also included categorical questions on:

1. Nationality,
2. New Zealand Citizenship, and
3. Refugee classification on entering New Zealand.

1.10 Sample selection and data management

The survey was expected to reach 100 households and 120 were distributed. Sample selection was opportunistic, meaning households were selected by community representatives via word of mouth, and/or a direct request to participate. The representatives distributed one questionnaire per household.

The response rate was 50% (60 questionnaires were completed, 60 surveys were not). This can be explained by the fact that some of the group's leaders were not constantly present in Christchurch. Further, some refugee groups were not interested in completing the form because they found it too daunting and did not see what benefit they could gain from it, or did not recognise the above-mentioned representatives.

On completion, the surveys were collected and placed in a secure filing cabinet. Analytical processes included the raw data being entered into an excel spreadsheet, it was then inputted into a Statistical Analysis System (SAS) software package where simple frequency distributions and cross tabulations of the data was undertaken. The data was saved and stored at the Health Sciences Centre of the University of Canterbury and to a flash drive.

2. FINDINGS

2.1 Participant's backgrounds

Households' participants emanate from Afghanistan, Kurdistan, Somalia, Ethiopia and Eritrea and who had resettled in Christchurch as described in table 3 below.

Table 3: Participants' nationality

Countries of Origin	Number of Participants
Afghanistan	16
Kurdistan Area	18
Ethiopia	17
Somalia	8
Eritrea[10]	2
Total	**60**

Refugee classification:

The refugees who were participants in this research were classified as follows:

1. 64% (n= 40) participants were quota refugees,
2. 23% (n=14) participants were family reunification refugees,
3. 3% (n=2) participants former convention refugees, and
4. 10% (n=6) participants did not answer this question.

This classification is graphically represented in figure 3 below:

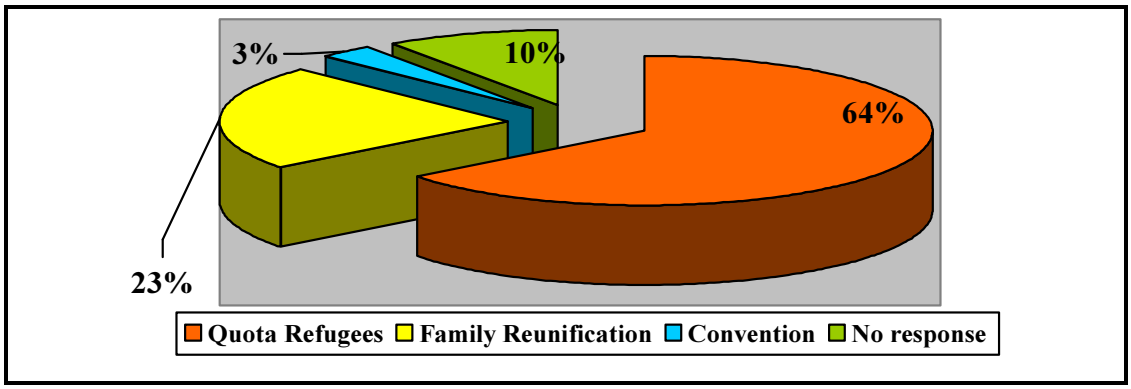

Figure 3: Refugee classification

[10] The Eritrean group is relatively small and consists of less than 20 families in Christchurch

New Zealand citizenship:

The New Zealand citizenship of participants is as follows:

1. 66% (n=40) participants have New Zealand citizenship,
2. 32% (n= 19) participants did not respond, and
3. 2% (n =1) one participant did not know.

However these figures need to read with caution as participants may have misinterpreted the question. New Zealand citizenship of participants is graphically represented in figure 4 below:

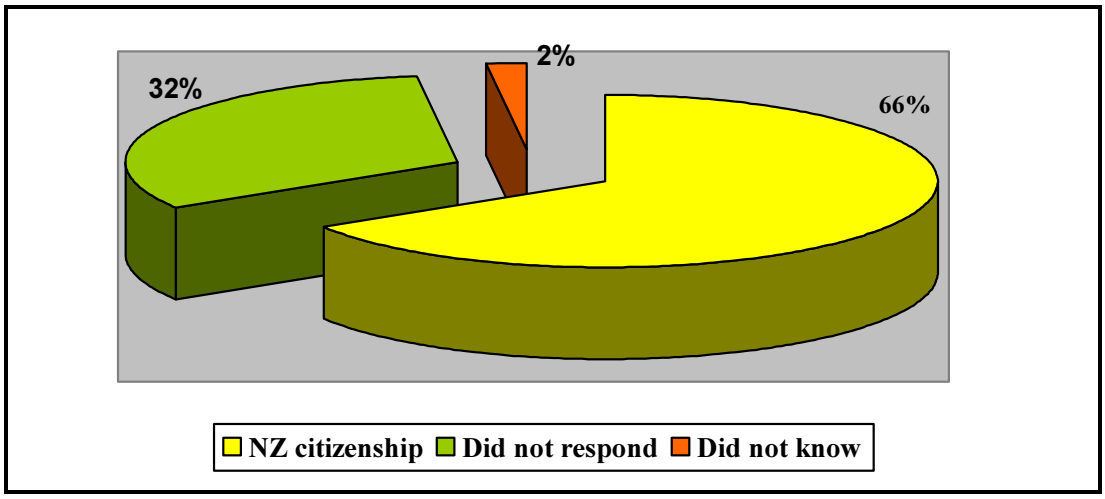

Figure 4: New Zealand citizenship

2.2 Housing

- *Location area*

The highest settlement areas for the participants were the Papanui area (11.7%), followed by city central at (10%).The remaining participants were scattered throughout Christchurch, including Richmond (6.7%), Sydenham (5%), Shirley (8.3%) and Bryndwr (5%). These areas are identified as being in the high deprivation band in Christchurch, which runs from west to east through the centre of the city.

These findings are also consistent with Lily (2004) as outlined in section 3.1 of the literature review, where refugee households were found to be living in areas with a deprivation scale of between six and ten. These areas of high deprivation correspond to

areas of socially disadvantaged population including (i) low income earners, (ii) low levels of educational attainment, (iii) high concentrations of Maori and Pacific Island people, and (iv) sole parent families, refugees and recent migrants. In addition such areas face high levels of unemployment, and are known for low home ownership and high levels of rental properties, particularly Housing New Zealand homes (Christchurch City Council, 2003, 2007; Housing New Zealand, 2008).

- *Type of accommodation*

The participant's type of accommodation is as follows:

1. 60% of participants were living in subsidised housing accommodation owned by Housing New Zealand,
2. 10% were paying rent to City Council, and
3. 30% lived in a private rental house or flat.

Type of rental provider is graphically represented in figure 5 below:

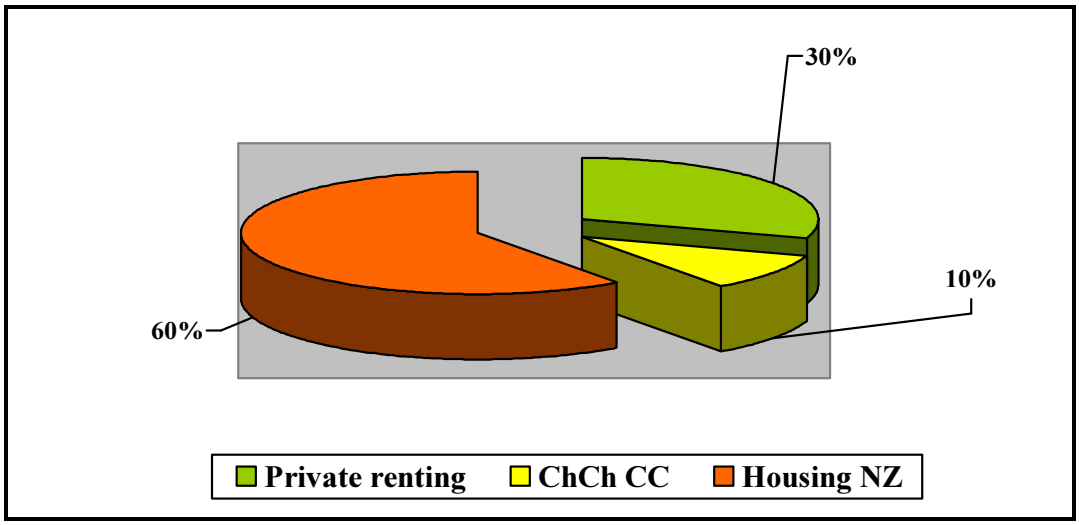

Figure 5: Rental provider

Such results indicated that 70% of the participants relied on subsidised accommodation. These figures are higher than the figures from New Zealand Immigration Service and Department of Labour (2004) which identified 39% of the refugees at six months were

either renting from housing New Zealand homes or local council. Forty-nine percent of the established[11] refugee groups were still renting from these two providers after five years of residency in New Zealand.

In this survey, 98% of the respondents were renting the place in which they lived. Only one participant owned his own home. These figures are consistent with the New Zealand Immigration Service and Department of Labour (2004) which reported that over 95% of refugees were living in rented accommodation. Such findings confirm refugees are heavily dependent on the rental market and occupy a relatively weak marginal position when competing for affordable accommodation.

- *Amount of rent paid*

Sixty percent of the participants were paying less than NZ$200 rent per week, and 39.6% were paying more than NZ$200 rent per week. These figures are comparable to New Zealand Immigration Service and Department of Labour (2004), where refugees paid on average NZ$105 per week.

When asked the average of the participant's weekly income used on weekly rent, results showed that:

- 45% of the household reported paying more than 30% of their weekly income,
- 22% reported paying roughly about 30% ,
- 23% reported paying less than 30%, and
- 10% did not know.

This is graphically represented in figure 6 below:

[11] Those who had been in the country for more than five years.

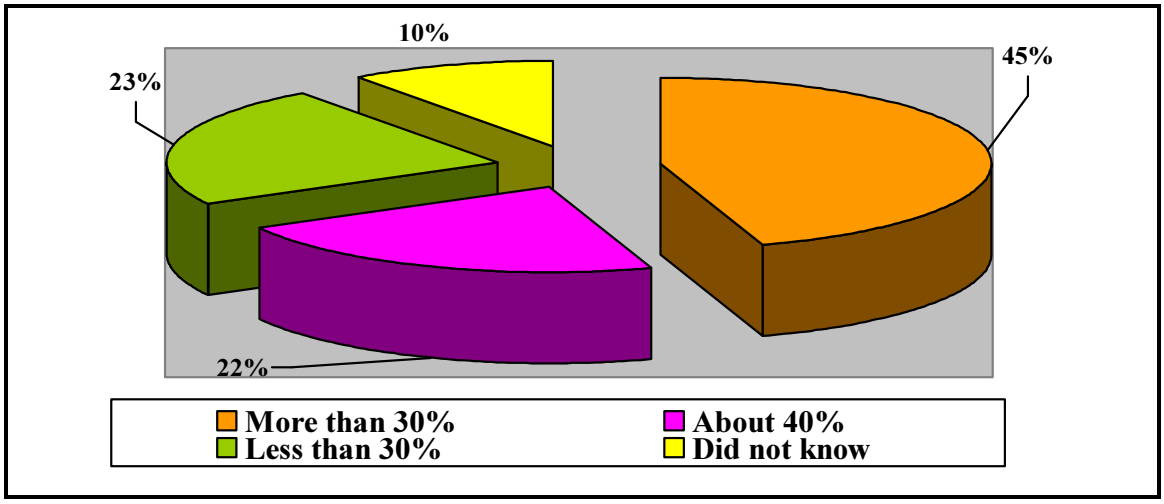

Figure 6: Average of weekly income paid on rent

It is generally accepted that spending higher than 25%-30% of household income on housing will be a significant contributor to financial hardship and deprivation, especially among low income households (Housing New Zealand, 2008). Indeed, above this level of expenditure there is less flexibility for households to respond to increases in the costs of other basic and daily necessities such as food, heating or transport. In this survey, the results indicated that 45% of the household spend more than 30% of their weekly income to pay their rent. This suggests that just under half of the participants are facing financial hardship and may face daily difficulties to cover their daily needs. It also contradicts Housing New Zealand recommendations which state that tenants, who are eligible for their homes because of their low incomes, should pay no more than 25%-30% of their income on rent (Housing New Zealand, 2005).

- *Landlord /Property Inspections*

Seventy-one percent of the participants confirmed they saw their landlord/property owner more than twice a year. Sixty-five percent of the participants felt very confident about contacting their landlord /property owner, while only 34.5% felt reasonably confident. Participants also identified varying levels of residency at their current address with the length of residence being between nineteen months and four years.

- *Household Size*

The household's average size was 4.7 people per house, with the maximum being 10 people and the minimum was 1 person. This is graphically represented in figure 7 below:

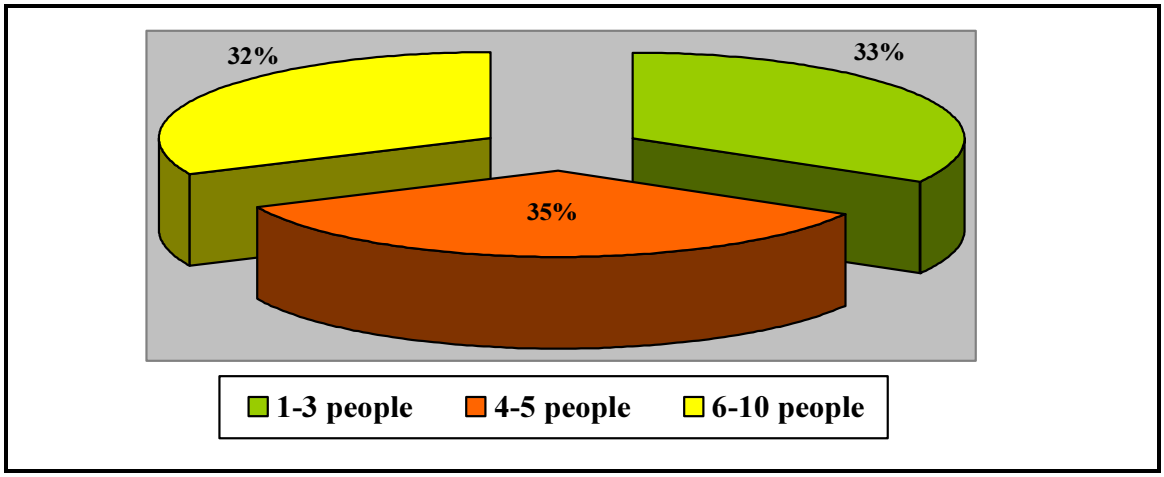

Figure 7: Number of people in household

In addition, participants reported the number of children less than eighteen years of age who were living with them as follows:

- 36.7% of the households had 3-6 children under the age of 18 years living with them,
- 33.3% of the households had 1-2 children under the age of 18 years were living with them, and
- 30% had no children living with them.

This is graphically displayed in figure 8 below:

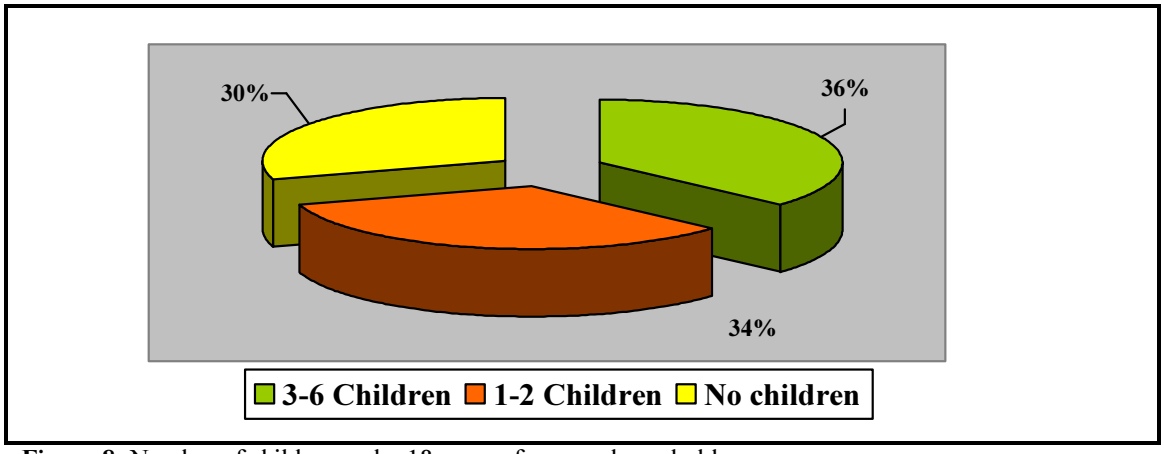

Figure 8: Number of children under 18 years of age per household

Such figures are also consistent with the New Zealand Immigration Service and Department of Labour study (2004) which identified that: (i) the average size for refugee families was 4.4 people (ii) 45% of refugee's households contained between five and seven people, and (iii) 13% of quota refugee's households containing eight or more individuals. It confirms that former refugee's are living in households that are larger, on average, than the general New Zealand population of 2.7 people per household (New Zealand Statistics, 2008). It also raises the issue of household overcrowding and the related health risks such as respiratory diseases as outlined in section 3.1 of the literature review.

- *Number of rooms in household*

Participants were asked how many rooms they have in their homes and this was broken into number of bedrooms, living room / dining room, kitchen, separate toilet, bathroom, laundry and other room. Thirty-six percent of the participants had between 3-6 children living in their household, and 32% of the participants identifying they had between 6-10 people living in their household. The figures are consistent with findings from local studies such as the New Zealand Immigration Service and Department of Labour (2004) study and Lily (2004), where it was identified that housing was too small for the size of refugee families.

In addition, the number of people sharing a bedroom was reported in the survey as follows:

- 45% of the households reported that 2 to 3 people were sharing the second bedroom available in the house,
- 30% of the households reported that 2 to 3 people were sharing the third bedroom available in the house, and
- 12% of the households reported that 2 to 3 people were sharing the fourth bedroom available in the house.

The number of people per bedroom is graphically presented in figure 9 below:

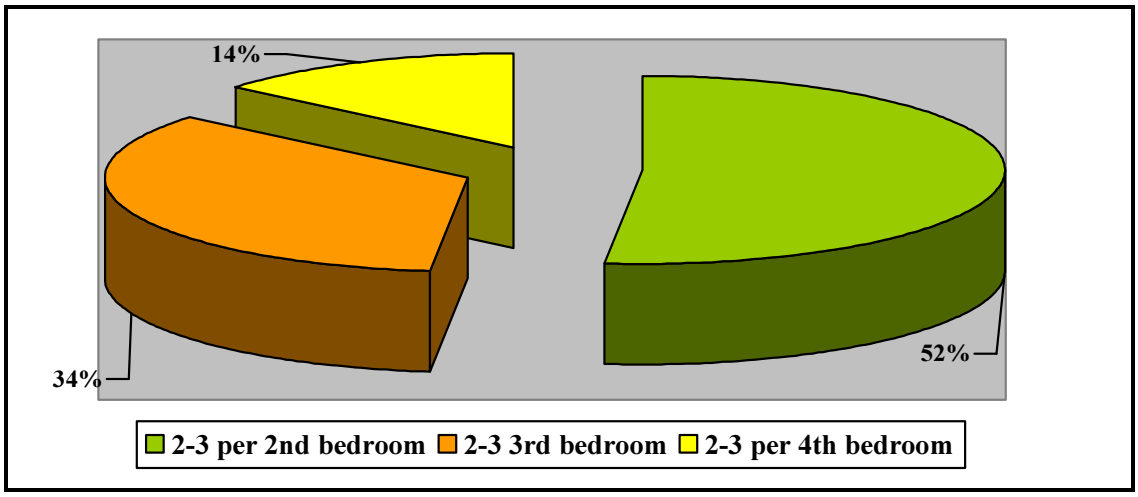

Figure 9: Number of people per bedroom

- *Source of heating*

Sixty-two percent of the participants identified electricity as their main source of heating, with 32% identifying gas as their second source. Participants were also asked to identify whether they had experienced any cold during the previous winter in their homes, that it caused distress either to themselves or their family. Fifty-five percent of the participants answered yes to this question, and 71% identified the main reasons for such discomfort was due to the lack of financial resources to pay their fuel costs. However, this figure

needs to be read with caution as 22 participants did not answer the question. Nevertheless, this indicates that participants are exposed to cold indoor temperatures which are significantly associated with recurrent respiratory problems as outlined in section 3.1 of the literature review

- *Problems with housing*

Participants were asked to identify the major problems they were experiencing in their current homes, and the results are illustrated in table 4:

Table 4: Major problems identified with housing

Major Problems	**% Participants reporting a problem ***
Heating (not insulated)	37%
Heating not working	37%
Vermin (rats or mice)	7%
Leaking toilet	24%
Broken locks	14%
Leaking roof	25%
Electrical problems	19%
Broken windows	15%
Leaking taps	30%

***Note: percentages do not add up to 100% as participants could report multiple problems.**

These figures highlight the very serious issues for participants such as 37% identified insufficient heating, and 37% reporting their homes are not insulated. These findings further highlight other concerns participants are experiencing in their homes on a daily basis such as 30% experiencing leaking taps, 24% leaking toilets and 25% experience leaking roofs. Additionally, and as identified in section 2 of the literature review, the quality of the housing conditions plays a decisive role in individual health status.

Surprisingly, and despite such difficulties, sixty-seven percent of the participants were not planning to leave their current accommodation. It is possible that they did not plan to leave their current accommodation because they simply cannot afford to.

However, 18% were planning to move because of the three main reasons as described in figure 10 below:

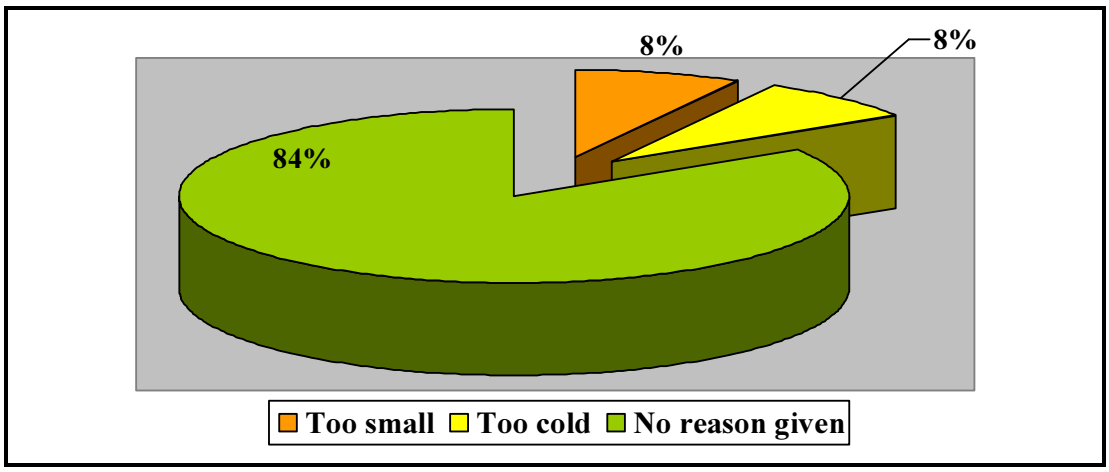

Figure 10: Reasons for wanting to leave current accommodation

A further 15% did not know what they planned to do. Interestingly, 82% of the participants reported their preferred accommodation was either a house or townhouse (detached).

- *Overall satisfaction with the standard of housing*

The housing section ended with a Likert scale asking participants how satisfied they were with their standard of housing conditions in Christchurch. The results were reported as follows:

1. 18.3% (n=11) participants were satisfied,
2. 15% (n=9) participants were completely satisfied, and
3. 10% (n=6) participants were dissatisfied.

Consistent with the New Zealand Immigration Service and Department of Labour (2004) report the remaining 57% of the participants were neither satisfied nor dissatisfied. As indicated above, participants identified a number of areas of dissatisfaction with their homes being too small, too cold or the house had faults. It is possible the participants who were neither dissatisfied nor satisfied, and did not want to appear unappreciative of their current accommodation. Indeed, former refugees are often too afraid to complain because of further sanction or perceived prejudice such as delay in family reunification, and immigration barriers when applying for specific administrative procedures (Pahud, 2008) and the perceived consequences by immigration.

2.3 Neighbourhood

Participants were asked how many of their compatriots or family members were living in the same neighbourhood and their answers are described in figure 11:

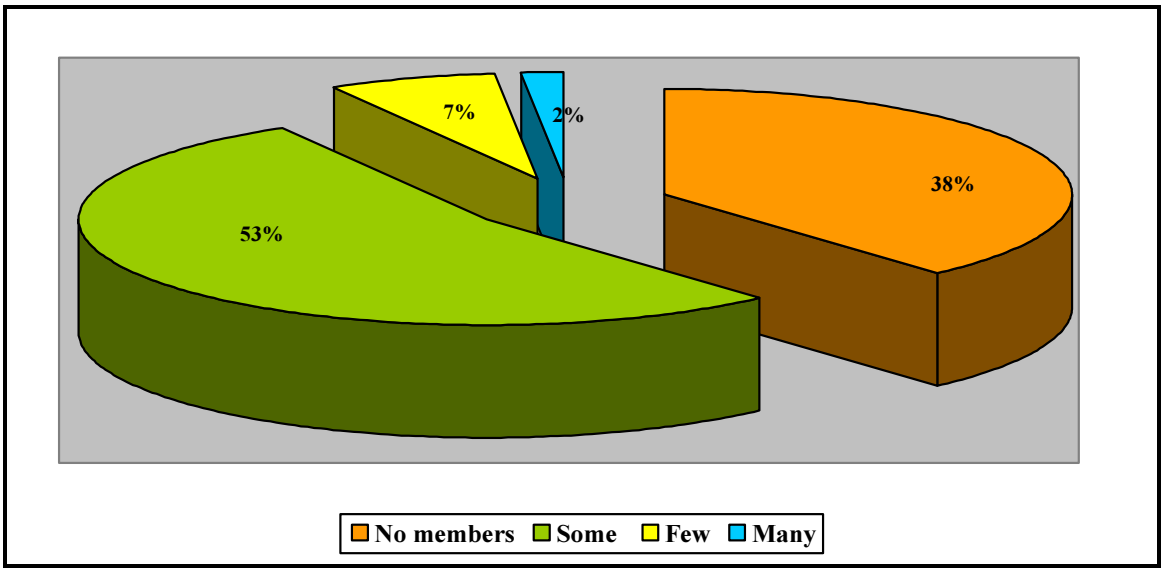

Figure 11: Family or compatriots' in same neighbourhood

This shows that the previously held view that refugee communities tend to band together is inaccurate, and is consistent with Butcher et al., (2006) who discussed similar misconceptions that refugees tend to congregate in one area. In addition, refugees groups often tend to be less internally cohesive than they may appear to the outside world.

- *Neighbourhood Interaction*

In order to understand how former refugees interact with people living in their area, participants were asked how often they speak to their immediate neighbours, and their answers were:

1. 33% spoke either on a daily or weekly basis,
2. 22% spoke once or twice a month,
3. 13% maybe once every couple of months,
4. 12% only once or twice a year, and
5. 20% had not spoken to them all during the past year.

In addition, whereas 47% of the participants reported having received some sort of help from their immediate neighbours in the past six months, a similar number (45%) did not receive any help. Nearly 50% of the participants mentioned that they had helped their neighbours in some way. Forty percent of the participants felt people in their neighbourhood were accepting of them, and at times helped them, on the other hand 18.3% thought they were not, and 38.3% did not know. Sixty-two percent of the participants felt part of their neighbourhood, whilst 21.6% did not. These findings are similar to Lily (2004), where a small number of participants found their New Zealand neighbours generally had little to do with them.

- *Problems in the neighbourhood*

When asked what the three main problems in their neighbourhood were, the analysis of the results indicated that:

1. 50% of the participants identified unemployment as the main issue,
2. 33.3% had issues with loud cars, and
3. 33.3% of the participants had problems with vandalism, graffiti, and deliberate damage to their property in their neighbourhood.

Some participants wrote additional issues to those identified on the questionnaire; one participant added they had a problem with *"people that pick fights".* Another reported: *"people have stolen our clothes",* another: *"very rough ill-mannered people",* one more described: *"just we having problem with thief, stolen all our clothes, cycles, trying to stolen car".* One participant stated:

"There are very bad neighbours who fight the kids and we have called the police so many times. The neighbours even throw things like bottles and driving by my house and pulling the fingers."

These findings highlight the daily threats and difficulties refugees face in their neighbourhoods, which must impact heavily on positive settlement outcomes. Equally these problems of neighbourhood are identified in section 4 of the literature review, and their associated impacts on individual health. Indeed, the LARES survey (2007) highlighted that irrespective of socio-economic inequalities, the immediate environment of poor quality, including an insecure neighbourhood, has negative health impacts on individuals.

- *Overall satisfaction with their neighbourhood*

Using a likert scale participants were asked how satisfied they were with their neighbourhood and feeling part of the community. They reported as follows:

1. 22% were satisfied,
2. 13% were completely satisfied, and
3. 8% were dissatisfied.

However, 35% of the participants were neither satisfied nor dissatisfied. Reading these figures and taking into account the above comments by some of the participants, it is possible participants may have found it too daunting, or may not have wanted to be too critical when answering this question.

2.4 Access to public services

- *Accessing health care*

Seventy percent of the participant's accessed personal health care, whilst 17% stated they did not. In relation to accessing mental health services 12% of the participants had done so at some point. These figures are consistent with the New Zealand Immigration Service and Department of Labour (2004) study, which indicated a large majority of refugees, had accessed a GP at six months.

In this survey, thirteen percent identified they required support in accessing these services. This confirms New Zealand Immigration Service and Department of Labour (2004) findings, where a lack of English proficiency to communicate health problems was an issue which required a family member or friend to interpret for them.

- *Accessing education*

Fifty-five percent of the participants accessed adult English classes, and 63% of the participants have children at school. Learning to speak English language has been identified as crucial in assisting positive resettlement outcomes and remains a major concern for refugees and service providers. This survey did not ask specific questions in the refugee's ability to speak English or on their perceived quality of English providers. However, it has been reported informally that many classes for adults were found too complicated and poorly efficient. This appears an area that requires further research.

- *Occupational Education*

Eighty-seven percent of the participants had not accessed any specific employment training, and 14% identified they had received some type of employment training. It was found in the New Zealand Immigration Service and Department of Labour (2004) study that for the small percentage of the participants who had accessed some type of training; this had been beneficial in helping them to find paid employment. Such low results indicate that a minority of people continue to have limited access to training programmes despite national policies indicating that refugees should be enrolled in employment

training. The Department of Labour (2004) and other sources highlight that entering the labour market is one of the greatest challenges faced by refugees. Labour force participation is also an important part of resettlement, and there is wide spread agreement this is crucial towards positive resettlement outcomes. Again further research is required to identify the barriers, and facilitators to increase refugee participation in employment training opportunities.

- *Other Services*

Thirty-seven percent of the participants accessed the RMS services, and 32% reported not accessing other services. These findings are consistent with the New Zealand Immigration Service and Department of Labour (2004) study and other research (Pahud, 2008) underlining that former refugees struggle to access social support and especially public services for a number of reasons including prohibitive costs, limited understanding of the language, mistrust of staff, poor caring approach and support from public servants or, poor or inadequate information (i.e. no computer skills to access internet, complicated telephone communication/need to dial telephone numbers before talking to somebody) to access public services.

In terms of transport, 77% of the participants identified the use of a car as their main form of transport, while 18.3% used buses, and 5% walked. These factors may have impacted on their ability to access services due to the increased cost of petrol prices and the cost of the bus fare**.**

2.4 Support and source of income

In this survey 60% of the participants were dependant upon social benefits and this is graphically represented in figure 12:

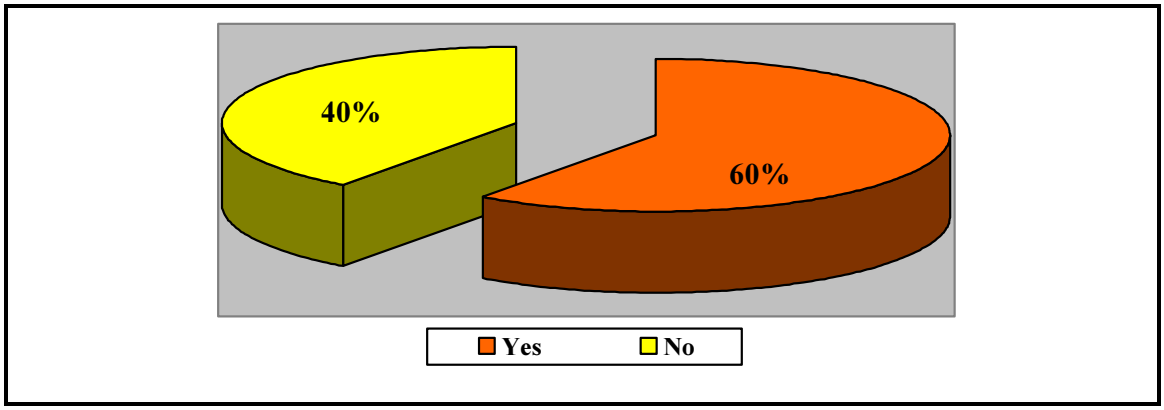

Figure 12: Refugees receiving a benefit

These figures are lower than those reported by the refugees in the New Zealand Immigration Service and Department of Labour (2004) study which identified that after two years of residency the main source of income for 89% of refugees was on a government benefit. These figures are also lower than the Christchurch City Council study undertaken in 1998, which identified 75% of refugees were on some form of government benefits.

- *Type of Benefit*

The main benefit was the unemployment benefit followed by sickness benefit, invalids benefit and the domestic purpose benefit and is represented in figure 13 below:

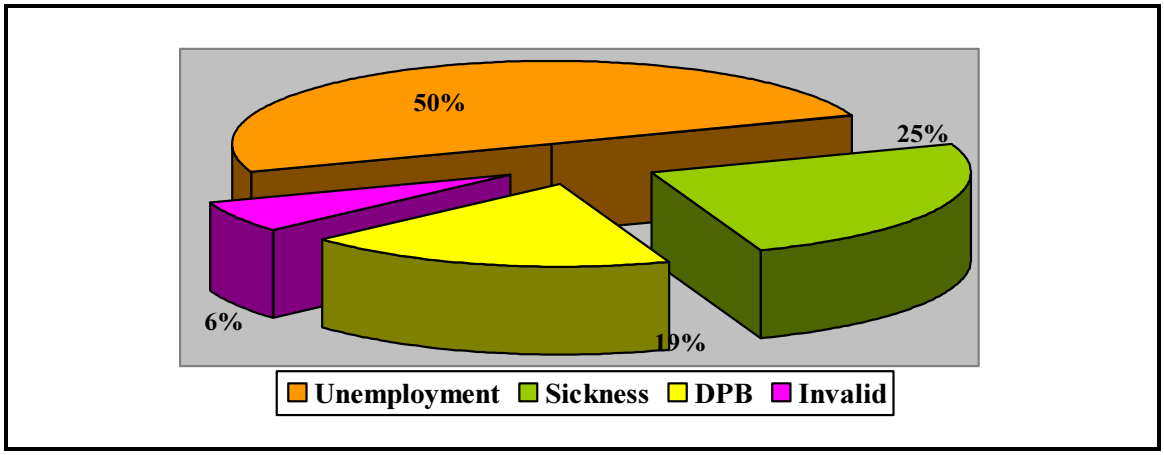

Figure 13: Type of benefit received

These figures highlight the refugee's inability to enter the labour market with 50% of participants receiving the unemployment benefit.

In the Christchurch City Council (1998) study, 29% were still receiving a benefit after two years. The figures discussed span over a period of thirteen years and reveal the plight of refugees and their inability to enter the labour market. They further demonstrate that the majority of refugees are in the low income bracket, and income is recognised as the single most important determinant of health. Although this survey did not ask for the length of time they had received a benefit, in the New Zealand Immigration Service and Department of Labour (2004) study, 79% of established refugees after five years, were still receiving a government benefit.

More recent figures in the Christchurch City Council Migrant report (2006), and as discussed in section 5.1 of the literature review, show high levels of unemployment amongst the refugee community and the report placed unemployment at three to seven times higher than the rest of the population. The Kurdistan refugees had the highest figures for unemployment 30%, followed by the Somalia and Ethiopian refugees with 19% and 18.8% respectively. The Afghanistan refugees had the lowest rate at 15.2%. Such figures indicate that refugees living in New Zealand are facing chronic unemployment and/or work insecurity putting them at social risks including economic poverty, social exclusion, and family problems exacerbated by chronic unemployment. Additionally it is recognised that unemployment is one of the main causes of mental health problems (Ministry of Health, 1997). In addition, 28% of the participants reported receiving the accommodation supplement. These figures further indicate the financial dependence and economic deprivation to which refugees require assistance for affordable housing.

- *Employment*

In this survey 37% of the father's were working, followed by 14% of mothers and 21% indicated someone else in their household was working. A further 37% identified no one as working in their household. These figures are shown in figure 14 below:

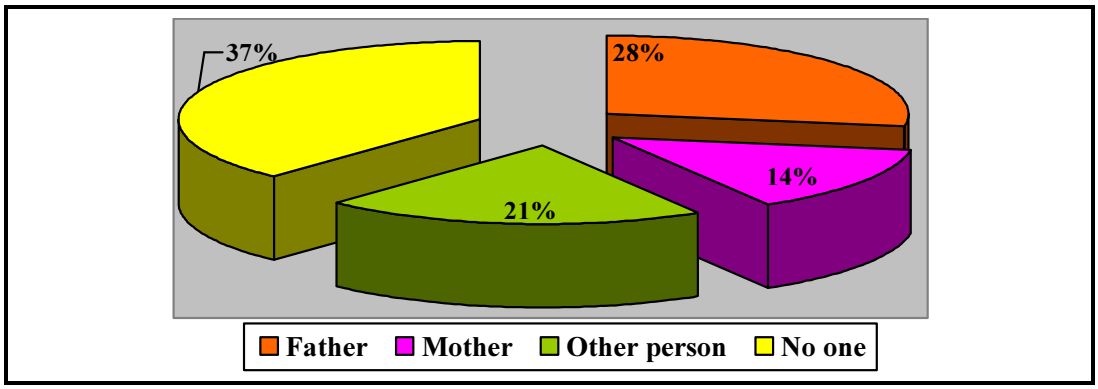

Figure 14: People employed in household

Participants identified 65% as being in fulltime employment, 27% in part-time employment, and 3% in casual positions, and 5% identified being in voluntary positions. These figures are shown in figure 15 below:

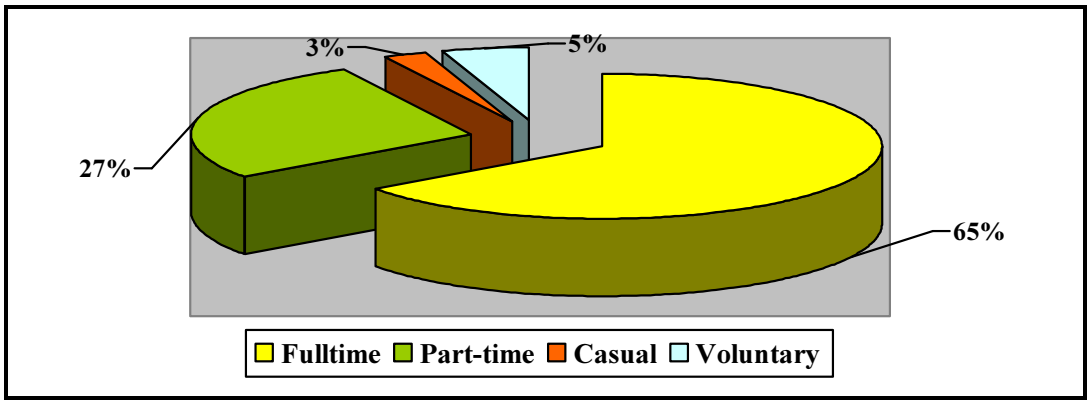

Figure 15: Type of employment

- *Economic situation*

There were 35 responses to the question on annual income. Fifty-seven percent of the participants identified their annual income was from less than NZ$10,000 up to NZ$20,000 per annum. Thirty-one percent reported an annual income of between NZ$20,000 and NZ$30,000. However, these figures need to be read with caution as the response rate for this question was only 58%. Interestingly, 20% of the participants reported having some form of debt. The annual income of participants is presented in figure 16 below:

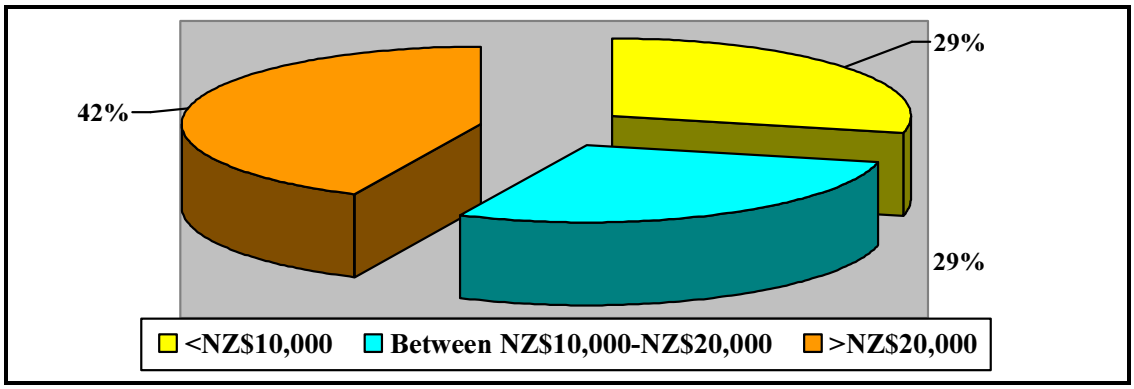

Figure 16: Annual income

Such results are higher in comparison with those from the New Zealand Immigration Service and Department of Labour (2004) study that found nineteen percent of the established refugees were receiving between NZ$10,000 or less, 13% were earning between NZ$10,000 and NZ$20,000 and seven percent were earning over NZ$30,000.

In addition:

- 16.6% participant's weekly income after tax was less than NZ$200,
- 23.3% received between NZ$300-NZ$400 after tax, and
- 46.6% received more than NZ$400 after tax.

These figures are in indirect contrast to those released by statistics New Zealand in June 2007 which reported that the average weekly income for all people from all sources was NZ$667, this figure has increased by 9.4% from NZ$610 in 2006. Additionally, 59% of established refugees from the New Zealand Immigration Service and Department of Labour (2004) study reported they did not have enough income to meet their needs.

- *Overall satisfaction with Christchurch*

Using a likert scale participants were asked how satisfied they were, with what they have achieved since arriving in Christchurch. The results are as follows:

- 16.6% (n=10) participants were completely satisfied,
- 20% (n=12) were satisfied, and

- 5% (n=3) participants were totally dissatisfied.

However, 40% were neither satisfied nor dissatisfied.

Whereas, the findings presented in the above section have permitted some description of the living conditions of the Canterbury refugee community. It was desirable to undertake some data cross tabulations so as to identify if some variables had a significant relationship with others.

4. CROSS TABULATIONS

In general statistical terms a cross tabulation, is a process or function that combines and/or summarises data from one or more sources into a concise format for analysis or reporting. Cross tabulations display the joint distribution of two or more variables and all of the relevant and significant relationships derived from the study. Results are presented in table and graphical representation in the following sub-sections.

4.1 Housing Section

- *Length of residence and rental provider*

Cross tabulations between the two variables length of residence and rental provider show that 18% of the participants have been dependent on subsidised housing for more than five years. Another 25% indicated they have been living in subsidised housing for between 2-4 years, and 22% for the last eighteen months. In fact only 5% were living in private rental accommodation after five years. These figures are consistent with the New Zealand Immigration Service and Department of Labour (2004) study findings, that 49% of the established refugee groups were still renting from social housing providers after five years. They further highlight the length and dependency refugees continue to have on social housing. These figures are displayed in table 5 and figure 17:

Table 5: Length of residence and rental provider

Length residence	Private rental		Subsidised housing		Total	
	n	**%**	**n**	**%**	**n**	**%**
<18months	7	12	13	22	20	34
2-4 years	11	18	15	25	26	43
> 5 years	3	5	11	18	14	23
Total	21	35	39	65	60	100

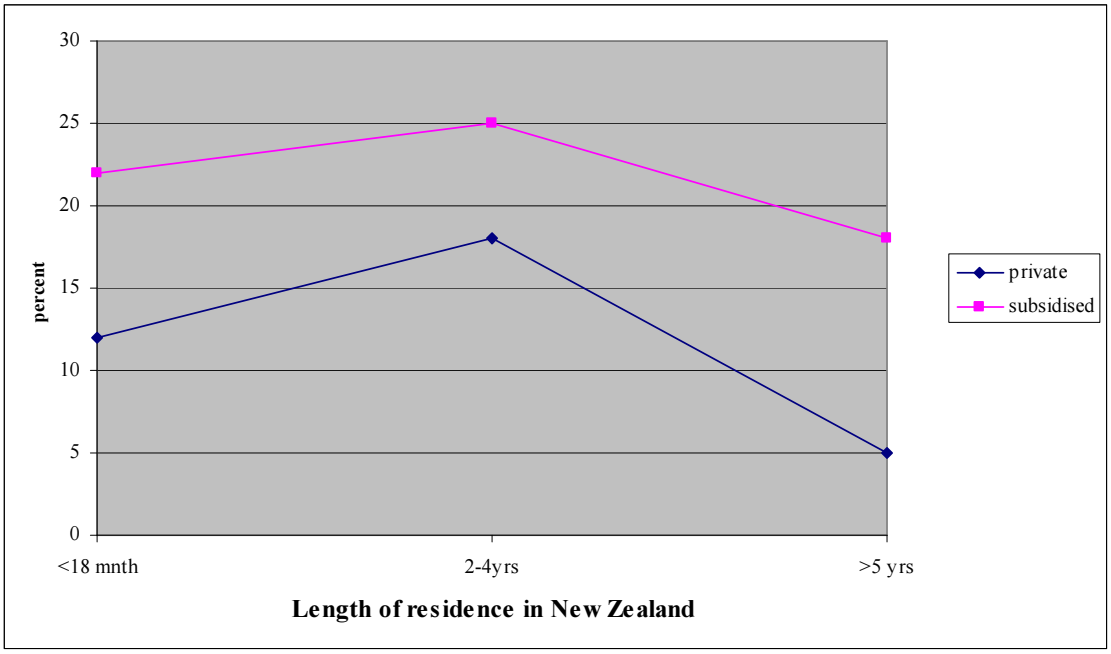

Figure 17: Length of residence and rental provider

No association was found between the time the participants had been residing in their current address and the type of housing provider, $\chi^2 = (2, N= 60) = 1.74, p>0.05$.

- *Rental provider and weekly rental amount*

Eighty-five percent of participants who are living in subsidised housing are paying less than NZ$200 per week in rental fees. Thirty-four percent living in subsidised housing are paying more than NZ$200 per week in rent and a further 65% of the participants are paying more than NZ$200 per week in rent. These figures are presented in table 6 and figure 18 below:

Table 6: Rental provider and weekly rental fee

	Private rental		**Subsidised housing**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
< NZ$200 per week in rent	5	8.3	30	51.7	35	60.3
> NZ$200 per week in rent	15	25.8	8	13.7	23	39.6
Total	20	34.4	38	65.5	58	100

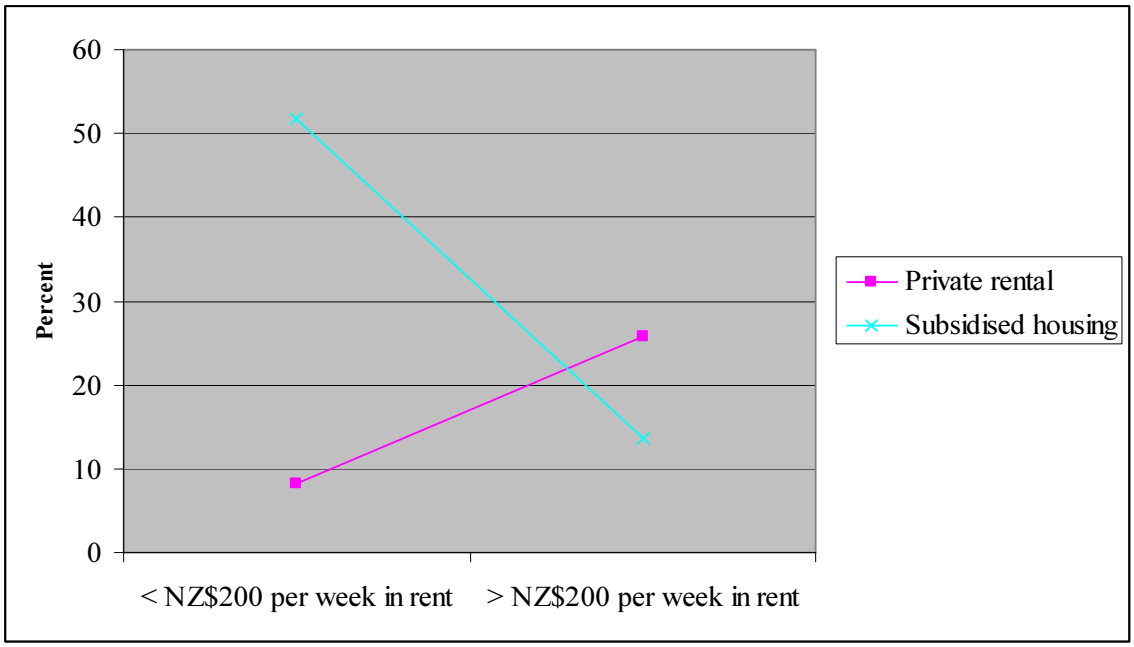

Figure 18: Rental provider and weekly rental fee

An association between rental provider and weekly amount for rent was found, χ^2 (1, N=58) = 15.9, p<0.0001. As shown in figure 18 the participants are more likely to live in subsidised housing when their rent paid per week is less than NZ$200 (51.7% vs. 8.3%, respectively), however this is reversed when the weekly rent is more than NZ$200 in this case the participants are more likely to live in private rental accommodation (25.9% vs. 13.7%, respectively).

- *Number of people in household and rental provider*

Table 7 shows, that 68% (13/19) of the households which have between 6-10 people living in the household are living in subsidised housing. Amongst the households who have 4-5 people, 52.3% (11/21) are living in subsidised accommodation, while a further 75% (15/20) of the group with between 1-3 people are reliant on subsidised housing. These figures further highlight the issue of overcrowding and confirm refugees are heavily dependent on the housing rental market to meet their housing needs.

Table 7: Number of people living in each household and type of rental provider

Number people household	**Private rental**		**Subsidised housing**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
1-3 people	5	8.3	15	25	20	33.3
4-5 people	10	16.6	11	18	21	35
6-10 people	6	10	13	21.6	19	31.6
Total	21	35	39	65	60	100

There was no association found between the number of people living in each household and the type of rental provider, χ^2 (2, N=60) =2.45, p>0.05.

- *Proportion of income paid in weekly rent and number of children*

Figure 19 and table 8 shows the cross tabulation between the two variables of number of children by the amount of weekly rent paid. Amongst households with 1 or 2 children (n=19), 63% (n=12) are paying more than 30% of their weekly income in rent. Amongst households with more than 2 children (n=18), 22% (n=4) are paying more than 30% of their weekly income in rent. These figures highlight that 50% of participants in this survey are paying over the recommended threshold of 25%-30% of their income on rent. In addition and equally concerning is the number of children living in these households.

Table 8: Number of children and proportion of income paid in weekly rent

No of children	< 30%		About 30%		>30%		Total	
	n	%	n	%	n	%	n	%
0 children	3	5.5	3	5.5	11	20	17	31.4
1 or 2 children	4	7.5	3	5.5	12	22	19	35.1
>2 children	7	13	7	13	4	7.5	18	33.3
Total	14	25.9	13	24	27	50	54	100

Figure 19: Number of children and proportion of income paid in weekly rent

There is no association between the number of children per household and the proportion of family income paid in weekly rent, χ^2 (4, N=54) =8.44, p >0.05.

- *Level of income and proportion of income paid in weekly rent*

Sixty-two percent (5/8) of the households having an annual income of less than NZ$10,000 reported paying more than 30% of their income on weekly rent. For 25% (2/8) of households who received between NZ$10,000- NZ$20,000 annually indicated they were paying 30% of this figure on rent. Forty-two percent (6/14) of households

allocated 30% or more of their annual income on weekly rent. However, these results have to be interpreted with caution because 50% of the participants did not respond. Nevertheless they continue to show the high proportion of income spent on weekly rent which in itself limits their ability in meeting their basic daily needs of food and warmth. These figures are shown in table 9 and figure 20 below:

Table 9: Annual income and proportion of income paid in rent

Annual Income	**< 30%**		**About 30%**		**>30%**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
<NZ$10K	5	16.6	1	3.3	2	6.6	8	26.6
NZ$10-$NZ20K	3	10	2	6.6	3	10	8	26.6
>NZ$20K	1	3.3	7	23.3	6	20	14	46.6
Total	9	30	10	33.3	11	36.6	30	100

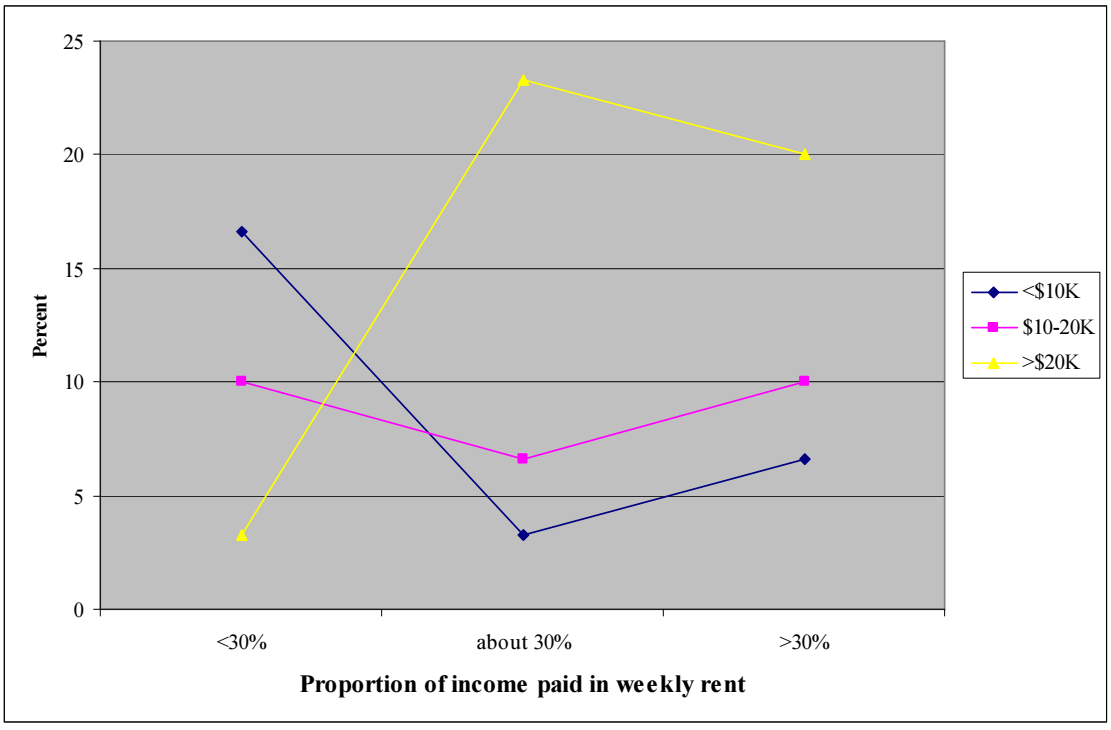

Figure 20: Level of income and proportion of income paid in weekly rent

There was no association found between the households annual income and the proportion of family income paid in weekly rent, χ^2 (4, N=30) =8.22, p> 0.05.

- *Annual income and number of people living in the house*

Fifty percent of households earning less than NZ$10,000 per year have a family size of 6-10 people, and 20% percent of households earning less than NZ$10,000 per year have a family size of 4-5 people. In addition, households earning between NZ$10,000-NZ$20,000 60% have a family size of 4-5 people. The figures presented show a significant number of refugees with households larger than the New Zealand average of 2.7 are living on an annual income of NZ$20,000 or less. However these figures need to be read with caution as participants may have not understood the question and may have only declared their personal income not the household income. These figures are shown in table 10 and figure 21:

Table 10: Annual income and size of household

	1-3 people		**4-5 people**		**6-10 people**		**Total**	
Annual Income	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
<NZ$10K	3	8.5	2	5.7	5	14.2	10	28.5
NZ$10K-$NZ20K	1	2.8	6	17.4	3	8.5	10	28.5
>NZ$20K	4	11.4	5	14.2	6	17.1	15	42.8
Total	8	22.8	13	37	14	40	35	100

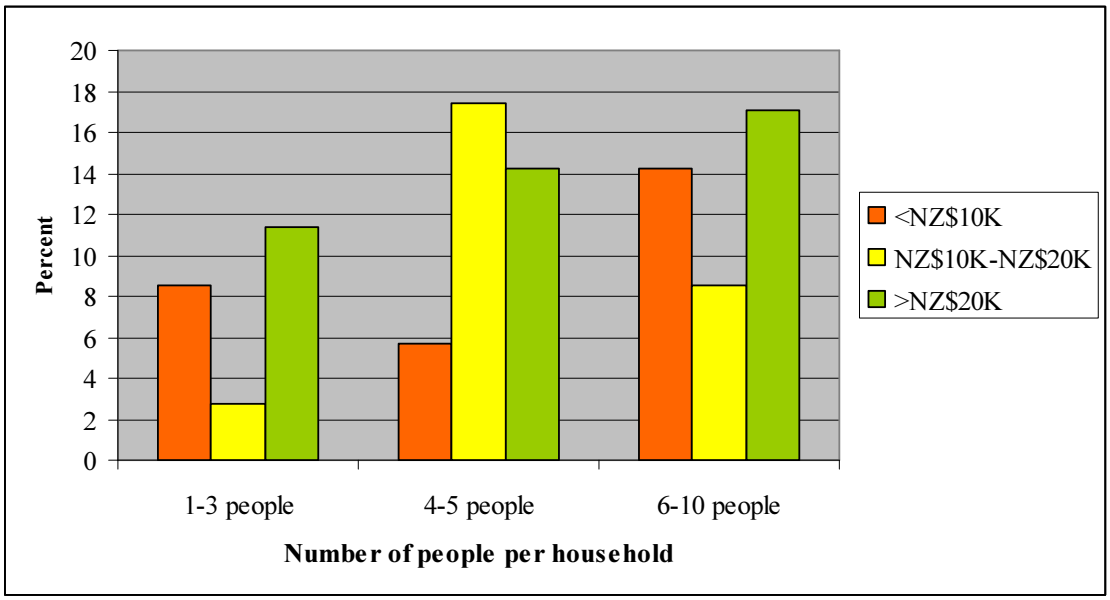

Figure 21: Annual income and size of household

There was no association found between the households annual income and the size of the family, χ^2 (4, N=35) = 3.79, p > 0.05.

- *Number of people living in household and receiving welfare assistance.*

In this survey:

- 50% (10/20) of households comprising 1 to 3 people were benefit recipients,
- 76% (16/ 21) of the household comprising 4-5 people were receiving a benefit ,and
- 52% (10/19) of the household comprising 6-10 people also received a benefit.

These figures are consistent with studies conducted in New Zealand such as the Department of Labour study (2004) that identified refugees represent larger households with an average of 4.2 compared to the New Zealand average of 2.7, and are dependent on government assistance. These figures are represented in table 11 and figure 22:

Table 11: People per household receiving a benefit

Number people household	Receiving benefit		Not receiving benefit		Total	
	n	%	n	%	n	%
1-3 people	10	16.6	10	16.6	20	33.3
4-5 people	16	26.6	5	8.3	21	35
6-10 people	10	16.6	9	15	19	31.6
Total	36	60	24	40	60	100

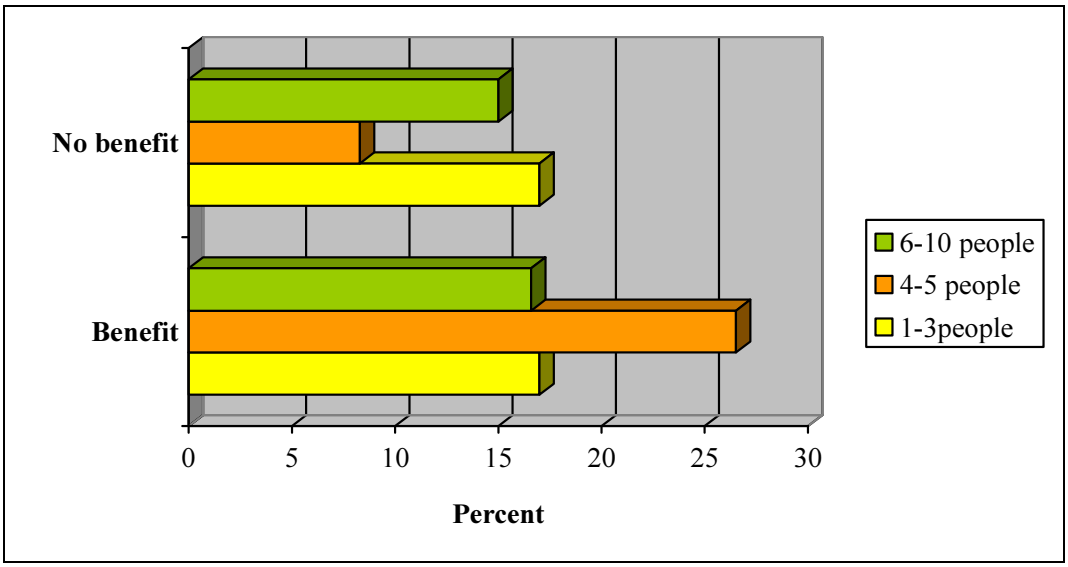

Figure 22: Number of people living in household and receiving some form of benefit

No association was found between the size of the households and receiving some form of benefit, χ^2 (2, N=60) = 3.55, p > 0.05.

- *Number of people living in household and weekly income of the household.*

Participants who identified their weekly income as less than NZ$200, 8.3% have 1-3 people in their household, followed by 5% of households with 4-5 people and a concerning 3.3% with 6-10 people living in their household. Households who indicated earning between NZ$300-NZ$400, 10% have 4-5 people, and 8.3% have 6-10 people. Those who indicated earning more than NZ$400, 11% of households have 4-5 people, 10% have 6-10 people and 3.3% have 1-3. These figures show the high numbers of people living below the minimal weekly income as identified by statistics New Zealand in the literature review. Once again these figures need to be read with caution as participants may have not understood the question and may have only declared their personal income not the household income. These figures are displayed in figure 23:

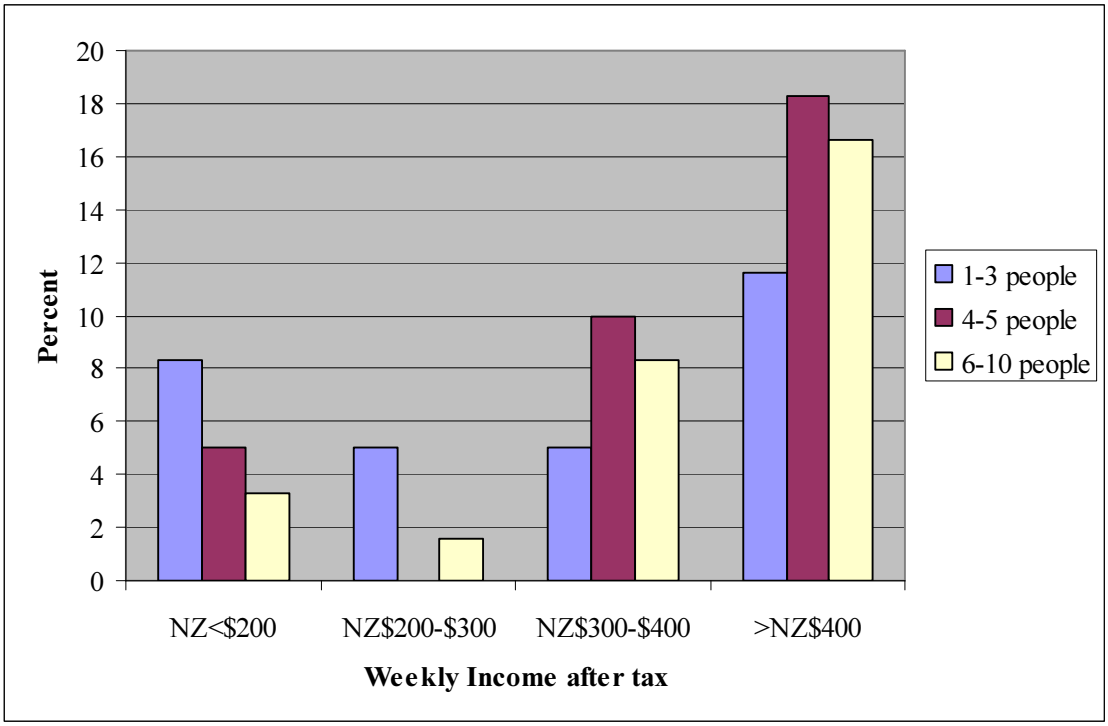

Figure 23: Number of people per household and weekly income after tax

- *Number of people in household and refugee classification*

Eighty-four percent of quota refugees' households comprise between 6 to 10 people. These figures shown in table 12 and figure 24 are consistent with the New Zealand Immigration Service and Department of Labour (2004) findings, that quota refugee were found to have larger families than other participants. Also consistent with those findings are the figures for the convention refugees that show 10% of convention refugees have only 1-3 people living with them. Regardless of refugee status these figures further highlight that refugee families are larger than the average New Zealand family of 2.7. As previously discussed overcrowding is associated with health risk.

Table 12: Refugee classification and number of people in household

	Quota		**Convention**		**Family Reunification**		**No answer**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
1-3 people	10	16.6	2	3.3	6	10	2	3.3	20	33.3
4-5 people	14	23.3	0	0	5	8.3	2	3.3	21	35
6-10 people	16	26.6	0	0	3	5	0	0	19	31.6
Total	40	66.6	2	3.3	14	23.3	4	6.6	60	100

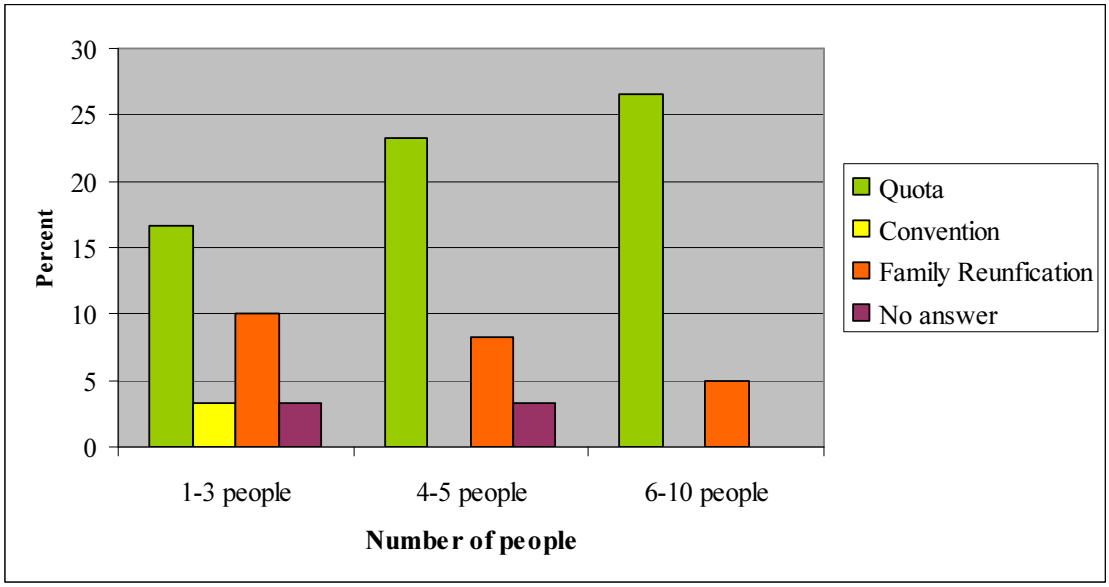

Figure 24: Refugee classification and number of people in household

There was no association found between refugee classification and number of people in the participant's households, χ^2 (6, N= 60) = 8.41, p > 0.05.

- *Refugee classification and weekly housing rental*

Sixty percent of quota refugees were paying less than NZ$200 per week in rent, with 31% family reunification refugees also paying less than NZ$200 a week. These figures are consistent with the New Zealand Immigration Service and Department of Labour (2004) findings which showed at six months that quota refugees generally paid the least amount in rent reflecting the high proportion of this group living in subsidised housing. Five percent (n=3) of the participants did not answer this question. These figures are shown in table 13 and figure 25:

Table 13: Refugee classification and weekly housing rent

	Quota		**Convention**		**Family Reunification**		**No answer**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
<NZ$200	21	36.2	1	1.7	11	18.9	2	3.4	35	60
>NZ$200	18	31.3	1	1.7	3	5.1	1	1.7	23	39.6
Total	39	67.2	2	3.4	14	24	3	5.1	58	100

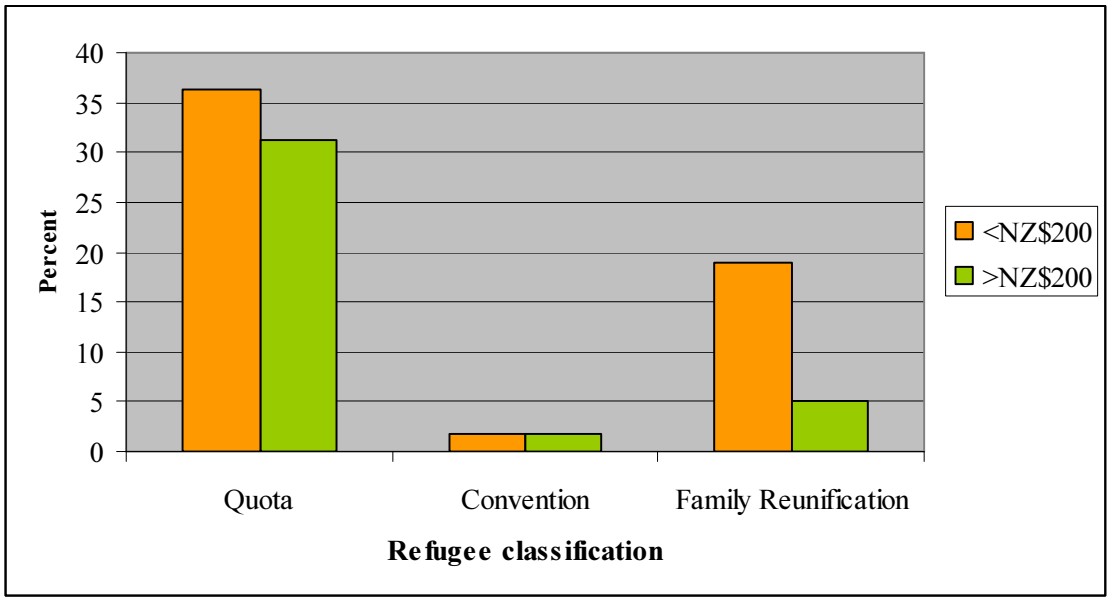

Figure 25: Weekly housing rental and refugee classification

There was no association found between participant's refugee classification and weekly rent, χ^2 (3, N=58) = 2.77, p > 0.05.

4.2 Neighbourhood Section

- *Family or fellow countrymen living in the same neighbourhood and size of households.*

Sixty percent of households with 2-3 people identified they have some compatriots living in the same neighbourhood as themselves. Of the households with 4-6 people, 42% have no compatriots, and 42% of households with 6-10 people reported not having any fellow compatriots' in their neighbourhood. These findings are consistent with Pahud (2008) and Butcher et al, (2006) who found that former refugees do not always band together. These figures are shown in table 14 below:

Table 14: Size of household and family or compatriots in same neighbourhood

	No family or countrymen		**A few**		**Some**		**Many**		**Total**	
Size of household	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
1-3 people	6	10	12	20	2	3.3	0		20	33.3
4-5 people	9	15	11	18.3	0	0	1	1.6	21	35
6-10 people	8	13.3	9	15	2	3.3	0	0	19	31.6
Total	23	38.3	32	53.3	4	6.6	1	1.6	60	100

There was no association found between the size of the participants households and fellow compatriots living in the same neighbourhood, χ^2 (6, N=60) = 4.85, p > 0.05.

- *Acceptance by neighbours and length of residence*

Twenty-five percent of households who had been living in their neighbourhood for less than eighteen months feel accepted in their communities; however, a further 60% had no idea about this. For households who had been living in their neighbourhoods for two to four years, 46% felt accepted, yet 53% felt they were not accepted nor had no idea about this. For households who had lived in the same neighbourhood for five or more years,

50% believe they have been accepted, on the other hand 28% felt they were not accepted and 21% had no idea. These figures are presented in table 15 and figure 26 below:

Table 15: Length of residence and acceptance by neighbours

	Yes		**No**		**Don't know**		**Did not answer**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
<18months	5	8.3	1	1.6	12	20	2	3.3	20	33.3
2-4years	12	20	6	10	8	13.3	0	0	26	43.3
>5years	7	11.6	4	6.6	3	5	0	0	14	23.3
Total	24	40	11	18.3	23	38.3	2	3.3	60	100

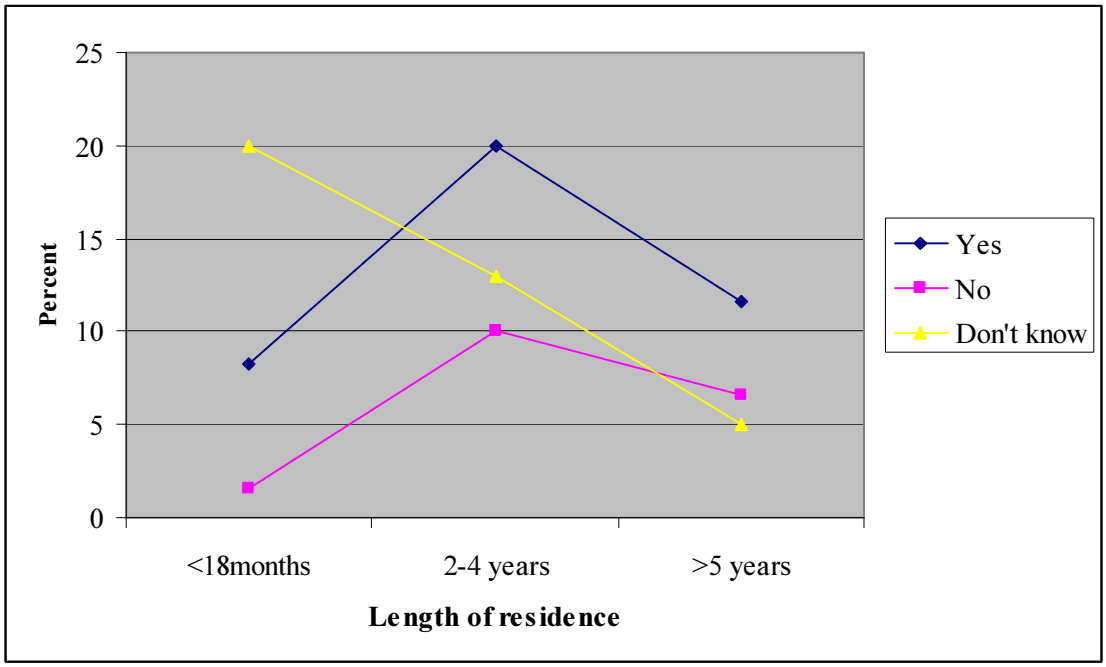

Figure 26: Length of residence and acceptance by neighbours

An association between the participants length of residence and feeling accepted in their neighbourhoods was found, χ^2 (6, N=60) = 12.66, $p < 0.05$. For the participants who have lived in their household for between 2-4 years, 20% reported they were accepted by their neighbours and 10% said they were not accepted. By comparison, the participants who

had lived more than five years in their household only 12% said they were accepted by their neighbours, and 7% said they were not. Hence, the longer a refugee stays in the same household the less likely they are to report acceptance by their neighbours.

- *Assistance from immediate neighbours and length of residence*

Fifty percent of households who have lived in their neighbourhoods for two to four years have had some sort of assistance from their immediate neighbours during this period. On the other hand 46% reported they have not had any assistance at all from their neighbours. Similarly, amongst those who had lived in their neighbourhood for five or more years, 50% identified that they have received some assistance while 42% have not as presented in table 16 and figure 27.

These figures are concerning as the quality of the relationship between neighbourhood and individuals lead to positive or negative effects as discussed previously in the literature review. Indeed, feeling part of the neighbourhood contributes highly to a sense of belonging and therefore to a strong community identity. In that respect, the New Zealand Immigration Service and Department of Labour (2004) identified the supportive role of neighbourhood as being critical on positive resettlement outcomes.

Table 16: Length of residence and help from immediate neighbours

	Yes		**No**		**Don't know**		**Did not answer**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
<18months	8	13.3	9	15	0	0	3	5	20	33.3
2-4years	13	21.6	12	20	0	0	1	1.6	26	43.3
>5years	7	11.6	6	10	1	1.6	0	0	14	23.3
Total	28	46.6	27	45	1	1.6	4	6.6	60	100

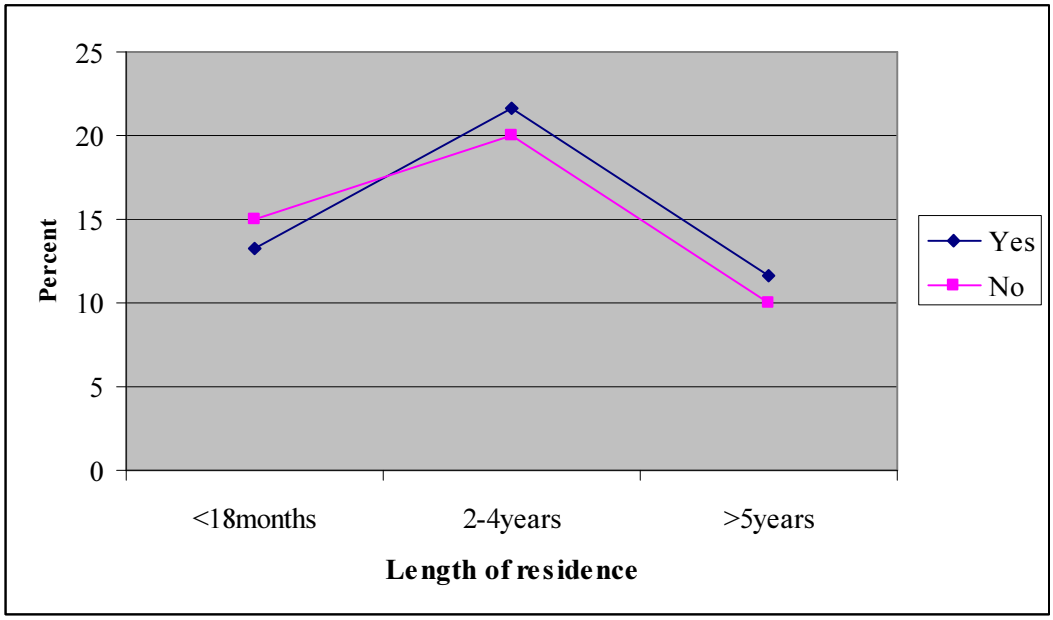

Figure 27: Length of residence and help from neighbours

There was no association found between the participant's length of residence and whether they had received help from their neighbours, χ^2 (6, N=60) = 9.10, p > 0.05.

- *Contact with neighbours and length of residence*

Thirty-eight percent of households who have resided in the same neighbourhood for two-four years have regular contact with their neighbours, yet a further 19% have had no contact over the past twelve months. For the group who had been living in their neighbourhoods for five or more years, 21% have had no contact with their neighbours in the past twelve months. These figures confirmed that participants do not feel part of their neighbourhood and highlight the limited interaction former refugees are experiencing in their neighbourhood as indicated by table 17 and figure 28 below:

Table 17: Length of residence and contact with neighbours

	Every day/week		1or 2 per month		Once every 2 months		1or 2 per year		Not at all in the past 12 months		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
<18months	4	6.6	6	10	5	8.3	1	1.6	4	6.6	20	33.3
2-4years	10	16.6	5	8.3	2	3.3	4	6.6	5	8.3	26	43.3
>5years	6	10	2	3.3	1	1.6	2	3.3	3	5	14	23.3
Total	20	33.3	13	21	8	13	7	11.6	12	20	60	100

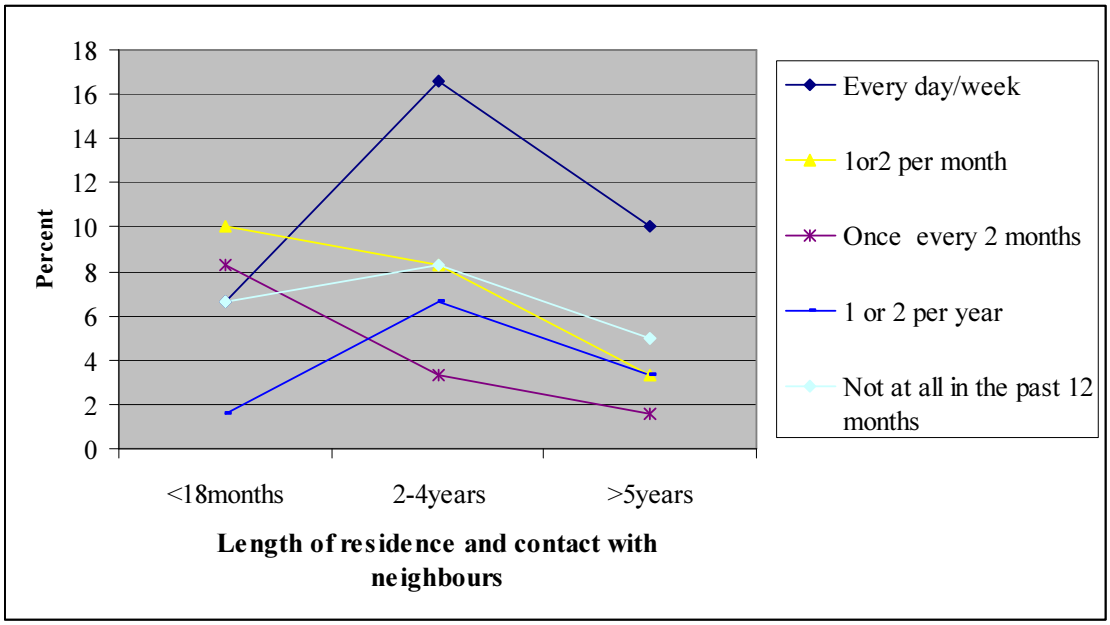

Figure 28: Length of residence and contact with neighbours

There was no association found between length of residence and contact with the participants neighbours, χ^2 (8, N=60) = 6.95, p > 0.05.

4.3 Access to public services

- *Number of people in household accessing public health*

Ninety-four percent of households with 6-10 people did not access health care. In addition, households with between 4-5 people, 70% reported they did not access health care. However, the participants who did access healthcare 4.7% identified they required support in accessing health services such as an interpreter. As already discussed in the previous sections, these figures are consistent with the New Zealand Immigration Service and Department of Labour (2004) findings, where participants found communicating their health problems was an issue and often took a family member or friend for support. However theses figures need to be read with caution as participants may have misinterpreted the question. These figures are shown in table 18 and figure 29 below:

Table 18: Number of people in household and accessing public health

	Access Health Care		**Did not**		**Support required**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
1-3 people	3	5	16	26.6	1	1.6	20	33.3
4-5 people	3	5	17	28.3	1	1.6	21	35
6-10 people	1	1.6	18	30	0	0.00	19	31.6
Total	7	11.6	41	68.3	2	3.3	60	100

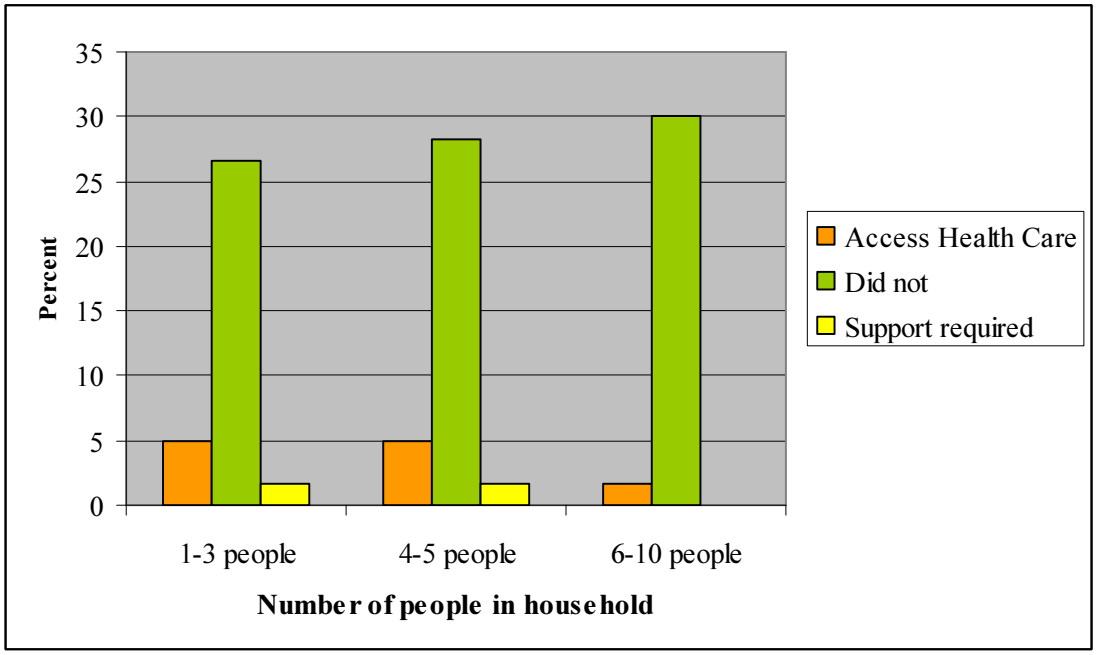

Figure 29: Number of people in household and accessing public health

There was no association found between number of people in the participants household and accessing healthcare, $\chi^2(4, N=60) = 2.22$, $p > 0.05$.

- *Length of residence and accessing public health*

Eighty-eight percent of households who had been living in Christchurch for between two and four years reported they had not accessed health care. After five years of residency, 78% were not accessing health care and 21% indicated they were accessing healthcare. These figures are shown in table 19 and figure 30 below:

Table 19: Length of residence and accessing public health care

	Access Health Care		**Did not**		**Support required**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
<18months	2	3.3	17	28.3	1	1.6	20	33.3
2-4years	2	3.3	23	38.3	1	1.6	26	43.3
>5years	3	5	11	18.3	0	0.0	14	23.3
Total	7	11.6	51	85	2	3.3	60	100

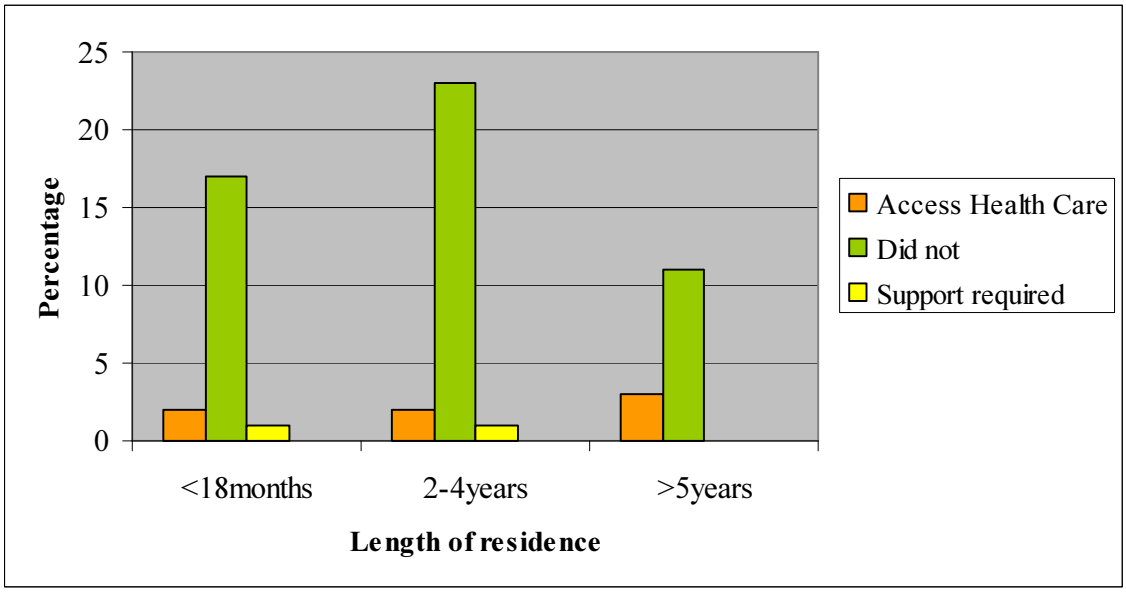

Figure 30: Length of residence and accessing public health care

No association was found between participant's length of residence and accessing public health care, χ^2 (4, N=60) = 2.30, p > 0.05.

4.4 Support and source of income

- *Income and benefit*

Ninety percent of households whose income is less than NZ$10,000 identified they were receiving some form of benefit. Of households whose income is between NZ$10,000 and NZ$20,000 sixty percent indicated they were receiving a benefit. Forty percent of households who are receiving more than NZ$20,000 are also receiving some form of assistance. These figures are consistent with studies previously discussed which highlight the low level of income for the refugee community. These figures are presented in table 20 and figure 31:

Table 20: Source of annual income

	Receiving benefit		Not receiving benefit		Total	
	n	**%**	**n**	**%**	**n**	**%**
< NZ$10K	9	25.7	1	2.8	10	28.5
NZ$10-$20K	6	17.4	4	11.4	10	28.5
>NZ$20K	6	17.4	9	25.7	15	42.8
Total	21	60	14	40	35	100

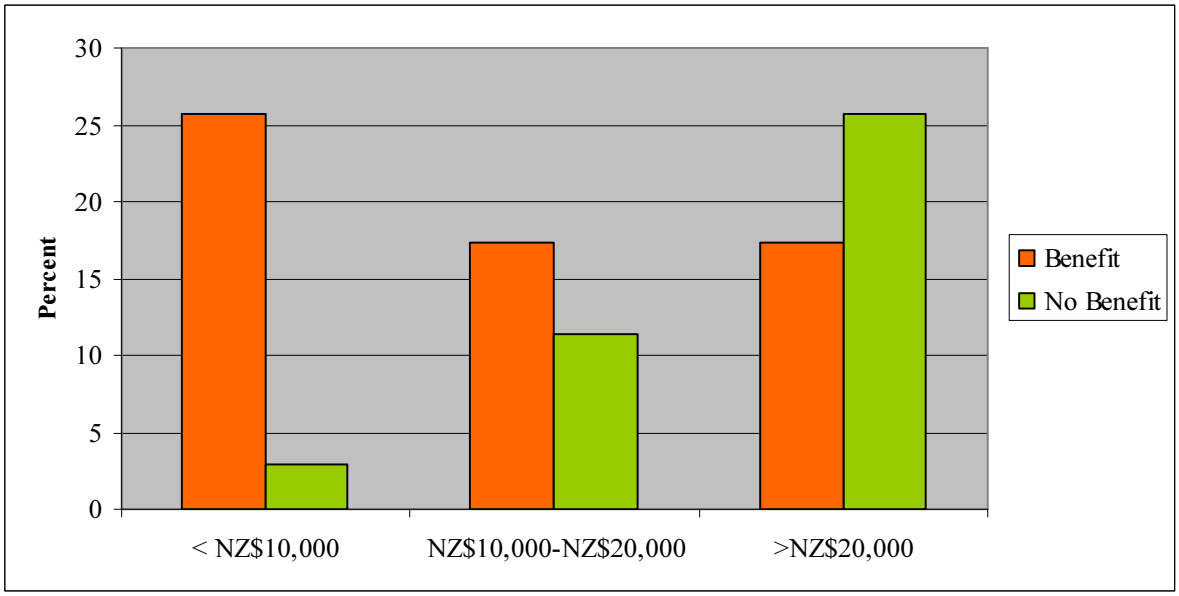

Figure 31: Annual income and source

An association between the household's annual income and source of income was found χ^2 (2, N=35) = 6.25, $p < 0.05$. Of the 10 participants who reported an annual income of NZ$10,000 or less, 9 (90%) were receiving a benefit. Of the 10 participants who reported an annual income of between NZ$10,000-NZ$20,000, 6 (60%) were receiving a benefit. Of the 15 participants who reported an annual income of NZ$20,000 or more, 6 (40%) were receiving a benefit. Not surprisingly, and as reported annual income went up when not receiving a benefit.

- *Households receiving the accommodation supplement and housing provider*

Twenty seven percent of households who rent from Housing New Zealand are receiving the accommodation supplement while 72% indicated they were not. The households who are renting from other providers, 25% are receiving the accommodation supplement and 75% were not. These figures are concerning considering the low income bracket of most of the households in this survey, a suggestion could be, some households simply may not be aware of their entitlements. The figures are illustrated in table 21 and figure 32:

Table 21: Receiving accommodation supplement and housing provider

	Receiving accommodation supplement		**Not receiving accommodation supplement**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
HNZ	10	16.6	26	43.3	36	60
Other Providers	6	10	18	30	24	40
Total	16	26.6	44	73.3	60	100

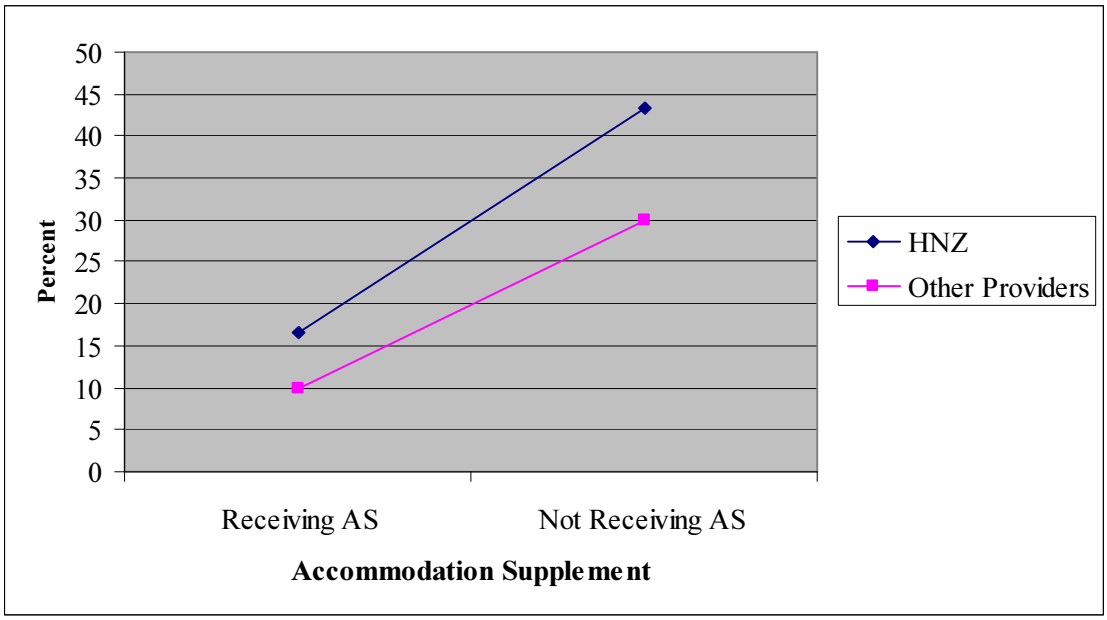

Figure 32: Accommodation supplement and housing provider

No association was found between households receiving the accommodation supplement and housing provider was found, $\chi^2(1, N=60) = 0.05, p > 0.05$.

- *Receiving a benefit and length or residence*

Fifty-seven percent of households have been receiving a benefit for a period of two-four years. Households who had been in the same address for less than eighteen months, 70% indicated they have been receiving benefits during this period. Fifty percent of households indicated they have been receiving a benefit for more than five years. These figures are consistent with the New Zealand Immigration Service and Department of Labour (2004) findings that 78% of established refugees are still receiving some form of benefit. In addition and as discussed previously in the literature, refugees continue to struggle to enter the labour market and remain in chronic economic poverty. These figures are shown in table 22 and figure 33:

Table 22: Receiving a benefit and length of residence

	Receiving a benefit		**Not receiving a benefit**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
<18months	14	23.3	6	10	20	33.3
2-4years	15	25	11	18.3	26	43.3
>5years	7	11.6	7	11.6	14	23.3
Total	36	60	24	40	60	100

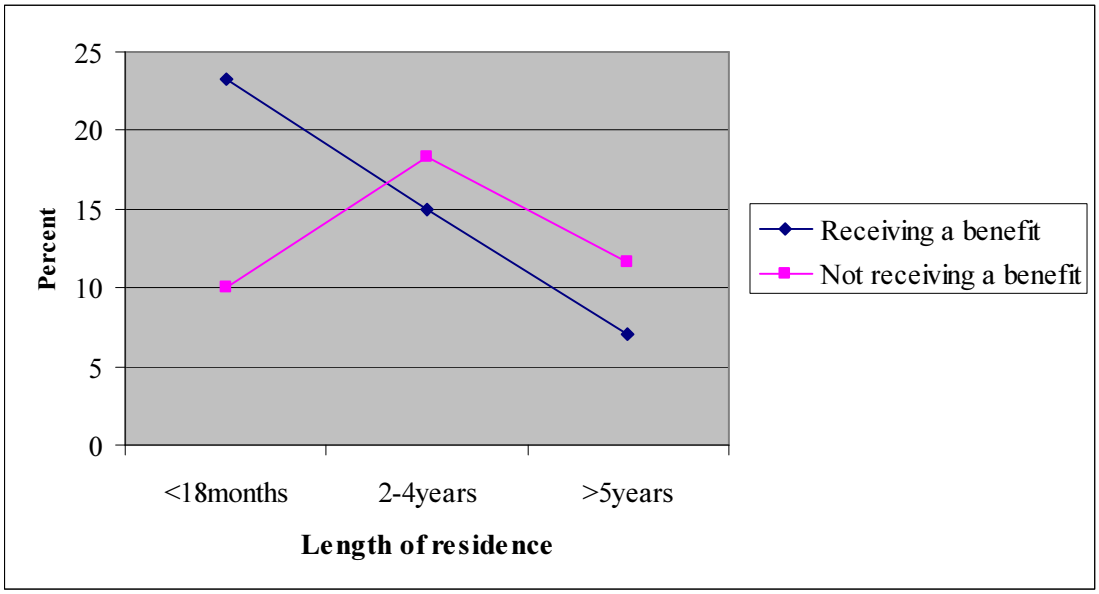

Figure 33: Source of income and length of current residence

No association was found between households length of residence and their source of income, $\chi^2(2, N=60) = 1.74, p > 0.05$.

Summary of key findings

This survey has by no means been exhaustive; however, it provides a stepping stone for the Canterbury refugee council who wanted more knowledge on the issues identified in the previous sections. The findings are listed in essentially the same order in which they have been discussed throughout the entire document.

- *Housing*

The analysis of the housing section established that the participants in this survey were living in high areas of deprivation in a band that runs from East to West through the Christchurch city central. These findings were consistent with previous surveys in Christchurch (Lily, 2004) and suggest as underlined in the literature review that residing in deprived estates in low demand areas, characterised by poverty, community tensions and crime place extreme stress on communities, families and individuals. In this survey, findings confirmed that refugees are dependent on social housing providers and often these homes are situated in low income areas putting them at risk of social disadvantage and negative resettlement outcomes.

Sixty percent of participants were living in subsided housing accommodation owned by Housing New Zealand, and 10% were living in City Council housing, while the remaining 30% are currently living in private rental housing or flat. Eighteen percent of the participants have been dependent on subsidised housing for more than five years, while 25% have been living in subsidised housing for between 2-4 years, and 22% for the last eighteen months. In fact only 5% were living in private rental accommodation after five years. These figures are consistent with the New Zealand Immigration Service and Department of Labour (2004) study that also found refugees are heavily dependent on social housing providers.

Affordability is a key factor when discussing housing, 45% of the participants reported paying more than 30% of their weekly income on rent. Concerning are the figures that have shown for 22% of households that have more than two children are paying more

than the recommended 30% of their weekly income on rent. Housing New Zealand states that affordability becomes a concern when the housing costs of low-income households are paying more than 25% to 30% of their income on housing costs. These figures show that refugees continue to remain in the low socio-economic bracket of economic poverty.

Findings further established that participants were found to be living in homes that are poorly insulated, and poorly maintained. Indeed, 71% of the participants stated they could not pay their fuel source. Cold, poorly maintained homes are also linked to higher rates of infectious diseases and mental health problems. Certainly, and as stressed in the literature when discussing housing, requirements should include poor insulation, affordability, regular maintenance of buildings, and security of tenure, and overcrowding (National Advisory Committee on Health and Disability, 1998; Tobias & Howden-Chapman, 2000).

Eighty-four percent of quota refugees were found to be living in larger households than the New Zealand average of 2.7. Thirty-one percent of the participants also identified they had between 6-10 people living in their households. These figures were also consistent with the New Zealand Immigration Service and Department of Labour (2004). Overcrowding is associated with poor health (Ministry of Health, 1999).

The key housing issues identified are:

1. Many participants rely heavily on social housing providers for subsided housing which has continued after five years or more of residency. Former refugees continue to remain in the lower socio-economic bracket.

2. Quota refugees were found to be living in homes with substantially larger families than the New Zealand average. Overcrowding is associated with health risks.

3. A significant number of households were paying over the threshold of the recommend 25%-30% of their income on rent. Seriously limiting their ability to meet their basic needs.

4. Households identified being cold due to the lack of insulation in their homes. Colder poorly maintained homes are linked to serious health issues.

- *Neighbourhood*

Neighbourhood also impacts on individual and population health. Findings from this survey highlight the very real struggles the participants contend with on a daily basis. In addition the LARES survey (2007) describes the relationship of neighbourhood on individual health. The figures in this survey show that the previously held view that refugee communities tend to band together is inaccurate, and is consistent with Butcher et al, (2006) and Pahud (2008) who discussed similar misconceptions that refugees tend to congregate in one area. Indeed, Pahud (2008) found in her study some participants had not asked for support from other refugees because they were also experiencing similar socio-economic constraints. Fifty percent of households identified the lack of neighbourhood interaction they have experienced after residing in the same area for a period of five or more years. These difficulties further exacerbate resettlement and adjustment to life in New Zealand.

The key issues identified in the neighbourhood section include:

1. Many of the participants identified experiencing discrimination and isolation in their neighbourhoods. Neighbourhood and its effects impacts on individual and population health.

2. Confirming previous misconceptions that former refugees tended to congregate together, participants in this survey identified limited numbers of fellow compatriots residing in their neighbourhoods.

- *Accessing public services*

Seventy-three percent of households who had been living in Christchurch for between two and four years identified they were accessing health care, and 33.3 % of this group required support. In relation to accessing mental health services 12% of the participants

had at some point. After five years of residency 21% were not accessing health care and of those who were in this group 14% identified they still required support after five years. These figures are consistent with Pahud's (2008) study which suggested that the health status of former refugees appears to deteriorate within the 2-5 year period of resettlement.

Fifty-five percent of the participants accessed adult English class, and 63.3% of the participants have children at school. Learning to speak the English language has been identified as crucial in assisting positive resettlement outcomes and remains a major concern for refugees and service providers. However, it was difficult to determine whether the participants have continued to access classes or had they interpreted the question as meaning the classes the initially attended at the Mangere resettlement centre.

Eight-seven percent of the participants have not accessed any training for specific employment while 14% identified they had received some type of training. It was found in the New Zealand Immigration Service and Department of Labour (2004) that for a very small percentage of the participants who had accessed some type of training this had been beneficial in helping them to find paid employment. These findings are consistent with the New Zealand Immigration Service and Department of Labour (2004) and discussed in the literature review. Participants struggled to access services for a number of reasons, including cost, limited understanding of the language and others often did not know of the existence of other services. Thirty-seven percent of the participants accessed the RMS, and 32% accessed no other services.

The key issues identified in the accessing public service section include:

1. Participants identified they still required support in accessing various services.

2. A large number of participants, who had been residing in Christchurch for two-four years, identified accessing health services. This appears to wane at the five year period and is consistent with Pahud's (2008) findings.

3. The majority of participants have not accessed any training for specific employment.
4. Thirty-seven percent of participants access RMS.

- *Support and source of income*

Sixty percent of participants were receiving some form of benefit these figures are consistent with the New Zealand Immigration Service and Department of Labour (2004). The figures are also consistent with the Christchurch City Council (1995) study, which identified 75% of refugees were on some form of government benefits. The figures discussed span over a period of thirteen years and reveal the plight of refugees and their continued struggle to enter the labour market. In addition and equally concerning 90% of household's who identified their annual income as being less than NZ$10,000 are receiving some form of government benefit. Thirty-seven percent of households annual income as less than NZ$10,000 per year have a family size of 4-5 people. Fifty-seven percent of households have been receiving a benefit for a period of two-four years and 50% of households who had been residing in the same area for five or more years are receiving a benefit.

These figures are consistent with the New Zealand Immigration Service and Department of Labour (2004) findings that 78% of established refugees are still receiving a benefit. Recent figures in Christchurch (2006), and as discussed in the literature, show high levels of unemployment amongst the refugee community and placed unemployment at three to seven times higher than the rest of the population. Indeed, these figures demonstrate that for the majority of former refugees they continue to remain in economic poverty and seriously struggle in accessing the labour market. Chronic unemployment is linked to serious economic social and health related consequences (Jin, 1995; Mathers et al, 1998).

The key issues identified in this section include:

1. The main source for participants was a government benefit.
2. The majority of participants either receiving a benefit or wage was below NZ$30,000.

CHAPTER VI
DISCUSSION

4. Introduction

The wide range of settlement strategies underway is a sign of progress towards an enabling environment for refugees and their families towards positive resettlement outcomes in New Zealand. However, the implementation of these initiatives has been uneven and there are many obstacles to progress. Lack of information needed for effective and responsive housing, employment training, and social support for the refugee community remains a widespread problem. The vulnerability of former refugee groups in Christchurch is similar to those experienced around the world. The ability for these groups to advance towards positive resettlement is limited by the resources they have access to, and the constraints or barriers they must overcome.

This survey, therefore, was initiated by the Canterbury refugee council in response to identifying the lack of comprehensive data available for refugees resettled within Christchurch. It was expected to obtain a contextual and comprehensive understanding of their experiences in relation to housing, neighbourhood and social support. This was achieved by adopting a descriptive quantitative approach where the data was collected from the survey questionnaire and analysed to identify key concepts and their relationships. Households' participants originated from Afghanistan, Kurdistan, Somalia, Ethiopia and Eritrea whom have resettled in Christchurch.

The information gathered in this survey provides further understanding of some of the resettlement issues faced by former refugees and could contribute to improving effective and responsive housing needs, employment training and ongoing social support.

4.1 Housing

For refugees, accessing secure and affordable permanent housing is perhaps one of the most challenging and complex problems facing countries of resettlement (UNHCR, 2002). This line of thought has also been highlighted by the New Zealand Immigration Service and Department of Labour (2004) study, with an emerging consensus that the ability to access safe, secure and affordable housing is a crucial first step for resettled refugees. Many barriers, however, prevent such a quick and satisfactory achievement. This will be explained further in the following sections.

Indeed, the initial priority for refugees upon arrival in Christchurch is affordable and good quality housing. Their position in the housing market is primarily determined by their financial circumstances, and how the market perceives them. In this survey 70% of former refugees depend heavily on social housing providers to provide affordable and suitable housing for themselves and families.

Available social housing stock is provided by Housing New Zealand, and Christchurch City Council, which is limited with lengthy waiting lists. It is important that housing meets the particular needs of refugees and as identified in the New Zealand Immigration Service and Department of Labour (2004) study was the issues of affordability, overcrowding and cultural appropriateness of the housing. For example, open plan living in homes where the kitchen is not separate from the living area or having the toilet and bathroom in the same room is often not appropriate for some cultures.

Overcrowding is a major issue for former refugees. This has been well recognised and documented as being a major factor for former refugees when resettling in New Zealand and overseas. On average refugee families (4.7) are larger than the New Zealand family of 2.7. The findings in this survey are higher than the New Zealand Immigration Service and Department of Labour (2004) study, and Statistics New Zealand (2001, 2006) that refugee families on average (4.7) are larger than the New Zealand family. Equally the available housing stock is not equipped to accommodate the larger size of the refugee's

families. Furthermore overcrowding is associated with increased health risk to individual's, and in particular children (Ministry of Health, 1999; Howden-Chapman & Wilson, 2000).

Former refugees must also compete for social housing alongside other New Zealanders living in the lower socio-economic spectrum. Whilst it is discussed in broader terms that the issues raised are not unique to refugees, the author finds this line of thought disturbing. The only similarity former refugees appear to share with other New Zealanders is low income and financial stressors. Former refugees do not have the language to communicate their needs, or support of extended family and networks that established New Zealanders have.

Former refugees continue to struggle with having their housing needs met either by social housing providers, or the private rental market. In the private rental market a number of studies including Butcher et al, (2006) and the New Zealand Immigration Service and Department of Labour (2004) found that refugees while trying to access the private rental market found it fraught with difficulties. This included discrimination by private landlords and the high cost of the rent. Indeed, and as identified in this survey refugees living in private rental accommodation were more likely to be paying more than NZ$200 per week in rent. This is on an annual income of less than NZ$30,000. In addition, and equally concerning former refugees were found to be paying over the threshold of the recommended 25%-30% of their income on rent. It is generally accepted that spending higher than 25%-30% of household income on housing will be a significant contributor to financial hardship and deprivation, especially among low income households (Housing New Zealand, 2008). Indeed, above this level of expenditure there is less flexibility for households to respond to increases in the costs of other basic and daily necessities such as food, heating or transport. Housing New Zealand clearly state that once eligibility is established, priority is given to households experiencing housing and financial stress that is severe, urgent and likely to persist over time. They also include the applicant's ability to function in the private housing market. Housing New Zealand stresses affordability becomes a concern when the housing costs of low-incomes households exceed 25% to

30% of their income (New Zealand Housing Corporation, 2005; New Zealand Housing Corporation, 2008).

In addition, the Government offers financial assistance to low income families with affordable housing which includes (i) accommodation supplement and (ii) income-related rents. Housing New Zealand uses the income-related rent allocation to subsidise the rent of tenants on low incomes so as to permit a tenant eligible for a housing New Zealand home to pay no more than **25%** of their income in rent (Housing New Zealand Corporation, 2008). However, and identified in this survey, is the disturbing gap in service provision that it is not being recognised, refugees are paying over the recommended 25%-30% of their income on rent. This could result from a lack of knowledge of their entitlements from Work and Income, indeed 72% of participants who were renting from social housing providers stated they did not receive accommodation assistance. In addition, 75% of participants who were renting from a private rental provider also identified they were not receiving accommodation assistance. This is an area that needs further work by the authorities to notify refugees of their entitlements.

The eligibility criteria for Christchurch City council housing is also based on income, asset holdings, and needs. There is a waiting list and the length of time spent on this is dependent on the needs of the applicant and availability of units. Christchurch City Council's social housing role continues to evolve with the introduction of their social housing strategy in 2007 (Christchurch City Council, 2007). Whilst this is to be applauded the recent rental increase of 24% must have a detrimental effect on an already financially strained group. Indeed, and as discussed in a previous section, councils have been found to have limited understanding of the impacts of local government decisions on housing affordability or the capacity to adequately assess or manage the impacts of their activities on housing affordability (Saville-Smith et al., 2007).

Another key issue identified with housing was 71% of the participant's homes were too cold due to lack of insulation or fuel cost affordability. At this point it is necessary to remember that refugee's resettling in Christchurch have come from countries with vast

differences in temperature compared to the temperature in Christchurch. In addition, and equally concerning, were the serious issues participants were experiencing in their homes on a daily basis such as 30% had leaking taps, 24% had leaking toilets and 25% had leaking roofs, and 7% identified they had issues with rats and mice. Interestingly 71% of the participants confirmed they saw their landlord/property owner more than twice a year and reported feeling confident about contacting their landlord /property owner. They also had lived at their current address between nineteen months and four years. Yet, despite the length of residence and reasonable contact with the landlord, participants were experiencing serious maintenance problems within their homes. Colder poorly maintained homes are linked to serious health issues. Recent studies both nationally, and internationally, have highlighted the relationship between poorly insulated homes and increased health risks. Indeed, during the past decade, a consistent body of literature has described the role of socio-economic health determinants such as housing conditions, the state of our environment, genetics, level of income, education level, and relationships with family (Howden-Chapman, 2005; Ministry of Health, 2000; Wilkinson & Marmot, 1998, as cited in WHO, 2003).

In addition, the Department of Labour and the New Zealand Immigration Service (2004) undertook a substantive three-year research project to gain a better understanding of the resettlement experiences of refugees. Four out of ten people interviewed were dissatisfied with their current housing. In this survey 57% of the participants identified they were neither satisfied nor dissatisfied, although had clearly identified a number of areas of dissatisfaction with their homes, for example, too small or too cold, or the house had faults. It is possible the participants did not want to appear unappreciative of their current accommodation. Indeed, former refugees are often too afraid to complain because of further sanction or perceived prejudice such as delay in family reunification, and immigration barriers when applying for specific administrative procedures (Pahud, 2008) and the perceived consequences by immigration.

When discussing housing requirements the following factors must be included: affordability, regular maintenance of buildings, and security of tenure and occupancy,

which also includes overcrowding (National Advisory Committee on Health and Disability, 1998; Tobias & Howden-Chapman, 2000). This has been demonstrated in New Zealand by the development of the New Zealand Housing Strategy 2005. The strategy sets out a vision and strategic direction for housing in New Zealand until 2015. It takes a collaborative approach to strengthening the housing sector's ability to provide affordable, quality housing for all New Zealanders. The strategies programme of action for housing over the coming years is broad, and requires a range of government agencies in its implementation. Housing New Zealand will co-ordinate progress reporting against this programme of action, including information from other agencies on the initiatives they lead. For example, in the strategy, Government recognises that state tenancies and the Accommodation Supplement alone cannot meet the increasingly diverse housing needs of lower income households.

Further outlined in the strategy in relation to the Accommodation Supplement is whether it is still an effective way to provide housing assistance, and this has been identified to be reviewed by government. The strategy also identifies the need to improve the supply and appropriateness of state housing quality and design for larger households found in some ethnic minority groups. They plan over time to develop housing advocacy, information and support services for ethnic minority groups. Further exploration is also required to ensure the physical security and safety of migrant and refugee communities and households. The strategy also outlines the importance of analysing ethnic peoples' household composition and dynamics to assess future housing needs (New Zealand Housing Strategy, 2005). This collaborative approach is crucial when assisting former refugees settle within New Zealand however this strategy is broad and encompasses all low income socio-economic groups. As mentioned previously former refugees have significant differences to their New Zealand counterparts. Indeed, future studies need to clearly discriminate between different groups rather than treating them as a homogeneous group.

Also the New Zealand Settlement Strategy was launched in 2004, and later revised in 2007, which also supports government agencies to work together within a common

framework. It also has adopted a collaborative approach. The settlement strategy calls for co-ordination nationally, regionally and locally, and involves a wide range of government agencies, non-government organisations and local councils. A number of government agencies have responsibilities for refugee resettlement and the Department of Labour supports community-led process that will both strengthen the effective engagement of refugee community groups with local settlement initiatives and enable them to provide a united voice on settlement matters at a regional and national level. Following on from the settlement strategy is the Settlement National Action Plan which was drawn up to provide the basis of central government activity (Department of Labour, 2007). It has been published separately and sets out what will be done at a national level to implement the Strategy. It allocates responsibilities and provides timeframes for action. Still, implementing the Action Plan will be an ongoing programme of work over the next several years.

However, a range of research and evaluation publications have focused on specific aspects of refugee resettlement which have identified areas refugees continue to struggle. These are documented in an annotated bibliography by Nam and Ward (2006). In light of the previous findings, it is discernable that most of the New Zealand Settlement Strategy goals and those of the New Zealand Housing Strategy are far from being reached by the majority of the participants in this survey in relation to housing. Often data is not collected or former refugees are categorised in statistical surveys as “other” instead of being recorded by their respective nationality and/or ethnicity or residence status. According to the literature few countries articulate a specific rationale for their approach to refugee resettlement, or the outcomes they seek from it, beyond their need and desire to provide protection for vulnerable people and to see refugees become independent, and contributing members of society as soon as possible. Certainly focusing only on short-term settlement outcomes has now proven to be myopic (Department of Labour, 2008; Spoonley et al, 2005; Statistics New Zealand, 2008).

4.2 Neighbourhood

Neighbourhood and its effects have received increasing interest and various studies have attempted to identify the association between both (Braubach, 2007; WHO, 2003). Results to date demonstrate there is an association between the negative health impacts of poor quality housing on its occupants and neighbourhood problems including inadequate community services, high levels of unemployment, violence, inadequate public transport and recreational facilities (Braubach, 2007; National Advisory Committee on Health and Disability, 1998; Tobias & Howden-Chapman, 2000; Stafford & McCarthy, 2003; WHO, 2003).

In this survey the majority of participants were found to be living in high deprivation areas identified in Christchurch which are characterised by poverty, community tensions and crime (Christchurch City Council, 2003 and 2007). Participants also identified experiencing discrimination and isolation in their neighbourhoods. These findings are in direct contrast with some of the goals set out in the New Zealand Settlement Strategy. A key shift in emphasis in the New Zealand Settlement Strategy is the importance placed on dual responsibilities in achieving settlement for both the newcomers and New Zealanders. Three of the goals in the settlement strategy outline the need for refugees to be accepted and respected by their host communities, and with community interactions being positive. Equally important is the goal for refugees to be able to form supportive social networks and establish a sustainable community identity, and above all to feel safe within the wider community in which they live. However, former refugees identified in this survey are not yet meeting these goals and one participant stated:

"There are very bad neighbours who fight the kids and we have called the police so many times. The neighbours even throw things like bottles and driving by my house and pulling the fingers"

Regardless of the perception and understanding of ethnic residential concentration, the quality of neighbourhood social interaction usually comes down to the willingness and ability of people already in the neighbourhood to engage with new people. Indeed in the Butcher et al, (2006) study a number of the participants were concerned by the ignorance

shown to them of their country of origin, they also expressed frustration with the fact that many of the prevailing media images of their countries were negative, while the positive was often ignored. Regrettably these negative images tend to feed public perceptions of former refugees.

The above findings further highlight the continuing gap between policy and service provision, which in turn impacts heavily on refugees settling into Christchurch. Indeed, and as identified by Spoonley et al, (2005), it is crucial for evidence that settlement policies are effective for both former refugees and host community. New Zealand does not appear to have a formal system for auditing and evaluating resettlement processes, although programmes funded by central government will be required to comply with monitoring requirements under their contractual arrangements. Whilst work has begun on developing an indicator framework for measuring the longer term impact of settlement policies in New Zealand on social cohesion little progress has been made since the first proposals.

Further findings from this survey confirmed the previous misconceptions that former refugees tended to congregate together, with participants in this survey identifying limited numbers of fellow compatriots residing in their neighbourhoods. According to the UNHCR (2002), the challenge in placement is to ensure there is an appropriate match between the needs of former refugees and resources available in the receiving community. In the longer term, resettled refugees may choose to move in search of employment or housing and social conditions which may better meet their needs. However initially, careful planning of placement and involving resettled refugees in placement decisions can help to ensure that former refugees start out with the best prospects. In addition, where refugees do not have family connections in the country, some countries go to considerable lengths to link them with existing ethnic communities or to place them in locations where they will have opportunities to become established economically. Several countries like Denmark, and the Netherlands, and United States, also place considerable importance on the needs of the receiving communities. New Zealand and the United Kingdom are the only countries that do not have formal

geographical dispersal strategies (Department of Labour, 2008). This is an area that could be considered by the authorities although it requires further research into the outcomes achieved by the countries which have dispersal strategies.

4.3 Accessing public services

To be able to combat the various problems former refugees face in their country of resettlement, they need efficient associations and social networks. It has clearly been identified that refugee resettlement requires concentrated long term support from services and their extended communities. Studies highlight that social support and good social relationships make an important contribution to health in resolving some social inequalities such as poor housing, unemployment or poorly paid work. Social inclusion and participation are also protective factors when promoting good health amongst individual and population health (Commission Social on Determinants of Health, 2007).

On arrival all former refugees are eligible for all publicly provided health services in New Zealand. They can register with a primary health organisation for general practitioner services. However, the use of interpreters is limited and is not available to many community health services or to primary health care. The length of time support is available is also limited, and specialist services are only accessible for up to 12 months after arrival. Similarly, language and orientation courses which are of particular importance for those who arrive with little or no knowledge of the English language and New Zealand culture tend to focus on low level functional competence. Indeed, the Department of Labour and the New Zealand Immigration Service (2004) study suggested that language courses need to be targeted for everyday use and tailored to suit the needs of the individuals rather than use the 'one-size fits all' mentality. A goal of the New Zealand Settlement Strategy is that all refugees and migrants alike are confident in using English language in a New Zealand setting and / or access appropriate language classes. According to recent research and from anecdotal reports this goal is still not being achieved and requires further research as to why this is not happening.

Fifty-five percent of the participants in this survey identified they had accessed adult English classes; however they may have interpreted this as meaning the classes they attended when they first came to New Zealand. Nevertheless, learning to speak English language has been identified as crucial in assisting positive resettlement outcomes and remains a major concern for refugees and service providers. This survey did not ask specific questions in the refugee's ability to speak English or on their perceived quality of English providers. However, it has been reported informally that many classes for adults were found to be to complicated (Pahud, 2008).

Another consideration is that refugees as 'involuntary migrants' are more likely to have experienced disrupted formal education and are less likely to have invested in language learning prior to migration. These people are likely to suffer more isolation and require more targeted language assistance than other new arrivals. Whilst the literature discusses the impact of length of residence and the associated exposure to, and use of, the language it does not necessarily lead to language achievement, as life may be lived in isolation from mainstream society. Indeed, confinement to the home and social participation predominantly within one's own language often reinforces the first language and may provide few opportunities to learn the second language (Department of Labour, 2008).

In relation to health, a large number of participants in this survey who had been residing in Christchurch for two-four years were still accessing health services, although this appears to wane at five years. However, in this survey participants identified they still required support in accessing services over a period of time. This is consistent with the New Zealand Immigration Service and Department of Labour (2004) findings, where lack of English proficiency to communicate health problems was an issue which required a family member or friend to interpret for them.

In addition, this survey also identified that 37% of the participants accessed the RMS services, and 32% reported not accessing other services. These findings were consistent with the New Zealand Immigration Service and Department of Labour (2004) study and other research (Pahud, 2008) underlining that former refugees struggle to access social

support and especially public services for a number of reasons including prohibitive costs, limited understanding of the language, mistrust of staff, poor caring approach and support from public servants.

Furthermore, the New Zealand Immigration Service and Department of Labour (2004) study also identified a high proportion of refugees requiring long-term support and assistance in helping them to settle. The international literature has also identified that support for former refugees and their families should be **long-term**. Beyond support on arrival in New Zealand, there is however, a lack of longer term planning for housing, employment and education for the future of refugee groups. This needs to change so the longer-term needs of former refugees are likely to be adequately addressed and met.

Indeed, in the literature review by the Department of Labour (2007) which described the approaches to service provision within each country and included the length of support that was offered to refugees post-arrival. It also included mandatory or voluntary programmes, case management, mainstream or targeted services and length of eligibility for services. For example, in New Zealand specialist services are only available for a period of up to 12 months post-arrival, whereas Denmark offers their introductory programme for a period of three years and refugees can access support as required during this period. In addition, Norway's introductory programme is full time for a period of two years and includes instruction in the Norwegian language, social studies and measures preparing for further studies or gaining employment. This programme is closely monitored by the Directorate of Integration and Diversity in each municipality.

4.4 Support and source of income

An important aspect of social support includes financial assistance for socially disadvantaged groups. On arrival, refugees rely heavily on the New Zealand government for financial assistance due to unemployment or minimal paid employment. Also quota refugees are eligible to receive an emergency unemployment benefit at the same rate as benefits provided to other low-income New Zealanders. They also are entitled to the re-

establishment grant of NZ$1,200. Convention refugees are not entitled to this re-establishment grant; however this is an area that authorities could review to allow access to this funding irrespective of refugee status. Indeed, convention refugees arrive to these shores with often nothing but the clothes they stand-up in.

In this survey, 60% of former refugees were receiving some form of benefit. Recent figures in Christchurch (2006), and as discussed in the literature, show high levels of unemployment amongst the refugee community and placed unemployment at three to seven times higher than the rest of the population. Indeed, these figures demonstrate that for the majority of former refugees they do continue to remain in economic poverty and seriously struggle to access the labour market. Once again it appears the current policies are not effective in helping former refugees access the labour market. Careful monitoring of existing programmes is required to establish what needs to change to improve the employment status of former refugees.

Indeed, research paints a rather gloomy picture of refugee labour force participation and a major factor is having a certain degree of proficiency in the English language is clearly a necessity for socioeconomic integration into the wider society. The English language is almost universally identified in studies as one of the main barriers to employment. This is consistent with a recent study conducted by Butcher et al. (2006) in New Zealand while investigating the nature and incidence of discrimination experienced and/or perceived by both immigrants and refugees and the implications for the host society. Their findings showed refugees/ immigrants who had limited English and strong accents found this was a persistent source of discrimination when applying for work resulting frequently in their rejection. Again, this indicates current polices are not working, more research needs to be conducted to identify the factors that will encourage former refugees to learn the English language. Indeed, questions such as ‘what is wrong (if anything) with current English courses for refugees,’ need to be addressed.

The present study contributes to the existing literature on the negative impact of chronic unemployment and job insecurity for refugees. It further highlights another goal of the

New Zealand Settlement Strategy is not being obtained by the refugees, which is the ability to "obtain employment appropriate to their qualifications and skills, and are valued for their contribution to economic transformation and innovation" (Department of Labour, 2007, p11). Clearly, the strategy needs to be revised in the light of these new research findings.

In addition, participation in suitable work is closely associated with health and psychological well-being. It provides a source of social and economic independence, self-fulfilment and a vital means of integration into the wider society (Jin, 1995; Mathers et al, 1998). In this study, the majority of participants in this survey were either receiving a benefit or wage which was below NZ$30,000. This figure, alongside the fact former refugees have families larger than the New Zealand average, further exacerbates and perpetuates their ability to exit the low socio-economic spectrum.

Interestingly, 87% of the participants in this survey had not accessed any specific employment training, with only 14% identifying they had received some type of employment training. It was found in the New Zealand Immigration Service and Department of Labour (2004) study that a small percentage of the participants who had accessed some type of training found this had been beneficial in helping them to find paid employment. Such low results indicate that a minority of people continue to have limited access to training programmes despite national policies indicating that refugees should be enrolled in employment training. The Department of Labour (2004) and other sources highlight that entering the labour market is one of the greatest challenges faced by refugees. Labour force participation is also an important part of resettlement, and there is wide spread agreement this is crucial towards positive resettlement outcomes.

4.5 Strengths

This survey collated data relating to Christchurch's refugee resettlement experiences in relation to housing, neighbourhood and social support. This followed a recognised need by the Canterbury refugee council to have an evidence base in which to express their

difficulties to the service provider's involved in their resettlement in Christchurch. Consultation was undertaken with the council representatives on the scope of the research, the research objectives, survey questions and dissemination of the results. It has involved former refugees from diverse nationalities such as Afghanistan, Kurdistan, Somalia, Ethiopia and Eritrea. They were also a mixture quota, family reunification and convention refugees. The survey has provided the evidential base to allow the Christchurch refugee community to move forward and advocate for better housing conditions.

4.6 Limitations

As mentioned in the previous chapter, a comprehensive overview of refugee resettlement experiences in New Zealand is lacking. This gap in service provision has made it difficult to ascertain current concerns as well as establishing what happens to former refugees following the initial stage of resettlement. This is due to data either not collected or refugees are included in the "other" category of survey results instead of being recorded by their respective nationality, and/or ethnicity, or residence status. This approach maintains the 'statistical invisibility' of the refugee community and is hence a major barrier for providing an information base upon which to develop and implement policy changes.

This survey was certainly not exhaustive, and other topics could have been included, however, and as previously explained, the Canterbury Refugee Council preferred as a first step, to obtain better knowledge on those issues, which they perceived as being of major importance to discuss with relevant resettlement services providers. The next step would include discussion with the Canterbury Refugee council on what the other key issues are that require urgent investigation.

There was enthusiasm towards the research in terms of a perceived need for the study; unfortunately, this did not translate into a high level of responses. It was intended one hundred and twenty surveys would be distributed to households who were willing to participate. However, several factors negatively influenced the rate at which the survey

questionnaires were distributed. Firstly, the initial distribution did not commence until after the 14th August 2007 due to delays in the development of the questionnaire, and secondly, the time taken to receive ethics committee approval. Thirdly, the distribution did not get underway as expected due to unforeseen circumstances involving members of the refugee council being called away. Also some refugee groups were not interested in completing the form because they found it too daunting and did not see what benefit they could gain from it, or did not recognise the above-mentioned representatives. It then became necessary to have a cut-off date to allow for sufficient time to complete the research project. Collectively these limitations resulted in only 60 of the intended one hundred and twenty surveys being completed.

It is important to note the possible bias in the answers from the former refugees who participated. Firstly, it was intended the questionnaires would be completed in the presence of a member of the refugee council who had a leadership role, however due to unforeseen circumstances this was not always the case. Secondly, the participants may not have wanted to appear too critical when answering some of the questions as they may not have wanted to appear ungrateful. Thirdly, some of the questions may have been misinterpreted or misunderstood due to literacy, education and language difficulties.

4.7 Implications

Consistent with the abovementioned factors, refugees continue to experience resettlement difficulties. The literature is consistent in its identification of the ad hoc response to past policy and the tendency to apply 'one- size fits all' approach. This one-size approach does not fit, characteristics such as differing ethnic and cultural backgrounds alongside English language ability, health status and the length of time spent in refugee camps should be considered when developing a plan of action for individual refugees and their families. Findings suggest that when adopting a more structured and individualised approach, the above factors need to be included when developing support and that it be extended to **long-term** rather than the myopic short term focused approach of the past. The intended outcome of this investigation was to generate recommendations to the service providers of former refugees resettling within Christchurch. More research is

required into investigating the needs of specific refugee communities for forward planning and implementation. However it is suggested that the application of simple fundamentals, for example:

1. Encourage and strengthen existing relationships between resettlement providers and to include refugee representation at all levels of consultation, the old adage 'of the consumer knows best'.

2. Services to adopt more inclusive and realistic actions between resettlement service providers and perhaps develop an action plan similar to other cities in New Zealand (Department of Labour, (2008) which directly relate to the implementation of the New Zealand settlement strategy.

3. Resettlement providers develop more robust auditing systems when addressing policy implementation and outcomes.

4. An improved and extended monitoring system for refugees experiencing issues with their homes and that the needs of resettled refugees with particular housing requirements be addressed.

5. Consideration given to the geographical dispersion of former refugees within Christchurch.

6. Extended English language classes and support.

7. A consistent seamless approach to help refugee's access the labour market, including employment training, and workplace orientation.

The actions described above could be achieved given the small number of refugees resettled in Christchurch. In addition adopting a case-management approach with individual refugee and family assessment, planning, implementation, monitoring and

review will also contribute to an overall improvement for former refugees resettling within Christchurch. In implementing this approach it is mindful to remember the above tasks are not a series of events, instead they run in parallel and are inextricable. By maintaining relationships with former refugees the case-manager can continually assess emerging needs and strengths, plan and intervene accordingly and above all monitor the outcomes. An integrated approach involving all of the above has efficacy in other disciplines such as mental health.

Conclusion

This survey has investigated the housing experiences of one of the most vulnerable groups of people living in Christchurch City. It used a quantitative research method to confirm that the housing experiences of former refugees in Christchurch are similar to those experienced by refugees both nationally and internationally. Recent studies investigating the housing experiences of refugees have clearly identified that, in accessing this resource, they are the most vulnerable group in society. Similar to overseas experiences, the research participants in this study resided in properties in the most deprived areas of Christchurch City, and continue to do so. Other circumstances, such as low income, English language deprivation, lack of employment opportunities and capital accumulation, affect their ability to improve their housing circumstances.

Despite the plethora of material on good practice, there are some clearly identifiable gaps in the policy and provision of housing in refugee resettlement. First and foremost is the need for adequate and affordable housing and better guidance through the legal and administrative framework of the housing market. A sense of community does not appear to be a priority with government housing providers and members of the same ethnic group are often dispersed across the city. In addition, former refugees must compete for housing against other low socio-economic New Zealanders who are, perhaps, better equipped to participate and understand the New Zealand system.

Despite good intentions and localised successes there are still many obstacles to accessing decent affordable housing in a safe environment. The challenges to housing providers and resettlement service providers are multi-faceted. Obstacles to progress arise from multiple gaps in housing provision, choice and support. The potential for success would seem to be enhanced by adopting a more holistic community centered approach, and supported by adequate resources. Nevertheless, there are many positive initiatives underway and much creative energy is being directed towards the support of these vulnerable newcomers to our shores.

However, there still remain gaps in service provision and a requirement of more robust monitoring systems and whilst this continues, former refugees continue to have a marginal position in society and remain in economic poverty regardless their length of residence. In addition, there is generally a lack of information about the housing careers of former refugees and this is due to the lack of data being collected and the homogenous approach towards ethnic groups when collecting data.

As former refugee's are welcomed to our shores and granted New Zealand citizenship, they must start to compete for mainstream housing, jobs and other resources. While there will be some success stories many families will continue to confront discrimination, deprivation and social exclusion. However by adapting and extending service provision to **long-term** could prove to be a crucial factor in contributing towards positive resettlement outcomes.

If you were to pluck out the centre of the flax bush, where would the bellbird sing?
If you were to ask me "What is the most important thing in the world?"
I would reply, "That it is people, people, people."

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APPENDICES

Appendix 1: Information letter

University of Canterbury

Health Sciences Centre

Tel: +64 3 364 2987, Fax: + 64 3 364 2490
Email: healthsciences@canterbury.ac.nz

UNIVERSITY OF CANTERBURY
Te Whare Wananga o Waitaha
CHRISTCHURCH NEW ZEALAND

"Survey on housing, neighbourhood, and support of the Christchurch refugee community"

INFORMATION

You are invited to take part in a research study looking at the types of housing and neighbourhood conditions of refugees living in Christchurch/ Canterbury and the support they received. This study is conducted under the supervision of the Health Sciences Centre of the University of Canterbury. Please take time to read and to decide whether or not you wish to participate

If you decide to participate, we will be very grateful for your willingness to contribute to a better understanding of the living conditions of the Canterbury refugee community. If you decide not to participate, there will be no disadvantage to you and we thank you for considering our request.

Principal investigator: Victoria Ravenscroft, Masters Student, Health Science Centre/University of Canterbury. Phone 03-3147495. Email: arnoldandvic@xtra.co.nz.

Supervisor of the study: Dr Ray Kirk, Associate Professor and Director of the Health Science Centre. Phone 03-364-3108, Health Science Centre, University of Canterbury, Private Bag 4800, Christchurch.

1. What is the aim of the study?

The aim of the study is to gain a better picture of the living conditions of Christchurch's refugee community and to report the current situation and the main difficulties and problems faced by the families and to report the findings to resettlement service providers and communities' representatives.

2. How many participants will be involved?

100 Households (families) from refugee backgrounds who are willing to participate to the study.

3. What is your participation?

- Your participation is voluntary and you are free to withdraw from the study at anytime without having to give a reason. There will be no disadvantage to you.
- You can ask one member of the Canterbury Refugee Council to help you to fill the form
- **Your name and personal details will not be mentioned in the final report.**

- If you decide to participate, you will be asked to sign a consent form when you are interviewed to confirm your willingness to be involved. You will be given a copy of the consent form.

4. What will happen to the information?

Every household will be identified with a study number (no name will be used). All the information will be kept at the Health Sciences Centre at the University of Canterbury. Only the researcher and one supervisor will have access to it to enable your answers to be analysed.

5. What will happen to the results of the study?

It is expected that the final writing of the research will be done end of 2008**.** You will receive a copy of the summary of the final report.

Resettlement service providers and communities' representatives will receive a full copy of the final report.

6. Who has reviewed the study?

This study has received ethical approval from the University of Canterbury Human Ethics Committee.

7. Where can you receive more information?

You can request more detailed information from the principal researcher – Ms Victoria Ravenscroft 03-314-7495. Email: arnoldandvic@xtra.co.nz

Thank you for considering taking part in this study and for taking the time to read this paper.

Appendix 2: Consent form

University of Canterbury
Health Sciences Centre

Tel: +64 3 364 2987, Fax: + 64 3 364 2490
Email: healthsciences@canterbury.ac.nz

UNIVERSITY OF CANTERBURY
Te Whare Wananga o Waitaha
CHRISTCHURCH NEW ZEALAND

"Survey on housing, neighbourhood, and support of the Christchurch Refugee Community"

Participant Consent Form

I have been invited to take part in the above study.
***Please tick to confirm**:*

- I have read and understood the information sheet (date) _____for the above research study.
- I have had the opportunity to ask about the research study, and to discuss it with family and friends and have had time to consider whether to take part.
- I understand the purpose of the research study, and how I will be involved.
- I understand that taking part of the study is voluntary **(my choice)** and I understood that I may withdraw from it, at any time and for any reason.
- I understand that **my participation in this study is confidential** and that **my name and personal details will not be included in the report.**
- I consent to publication of the results of the project with the understanding that anonymity will be preserved.
- I know who to contact should I have any questions whatsoever about the study or my participation in the study.
- I wish to receive a summary of the studies results.

I _____ (please print full name) consent to take part in the above research study.

Signed: _____Date_____

This study is being conducted by Ms Victoria Ravenscroft, Masters Student through the University of Canterbury Health Sciences Centre. E-mail address: arnoldandvic@xtra.co.nz. You can contact Victoria through the university or at home (03) 314-7495 if you have any questions or wish to discuss your participation.

Supervision: This project is being undertaken under University of Canterbury Health Sciences Centre. Supervisor: Dr Ray Kirk, Director of the Health Sciences Centre. Ph: (03) 364-3108

Appendix 3: Survey Questionnaire

University of Canterbury
Health Sciences Centre

Tel: +64 3 364 2987, Fax: + 64 3 364 2490
Email: healthsciences@canterbury.ac.nz

UNIVERSITY OF CANTERBURY
Te Whare Wananga o Waitaha
CHRISTCHURCH NEW ZEALAND

"Survey on housing, neighbourhood, and social support of the Christchurch Refugee Community"

Q. 1 HOUSING

1.1. a What is the name of the street and area where you live? _____

1.1. b Is it **(Please circle the best answer for you)**

1.1. a A private rental house
1.1. b A private renting flat
1.1. c A social housing HNZ/City Housing
1.1. d With family or friend's house/flat
1.1. e Other **(please say what it is)** _____

1.2 How long have you lived at your current address?

1.3 How many people live in your household including yourself? _____

1.4 How many children under 18 years of age live with you?

1.5 Do you rent the place where you live?
(Please circle the best answer for you)

1.5. a Yes
1.5. b No

1.6 If you are paying rent, what is your current weekly payment?
(Please circle the best answer for you)

1.6. a Below NZ$200/week
1.6. b Between NZ$200/week to NZ$300/week

1.6. c Between NZ$301/week to NZ$400/week
1.6. d Above NZ$400/week
1.6. e I don't know

1.7 Roughly, what percentage of your household income do you spend on rent?
1.7. a Below 30%
1.7. b About 30%
1.7. c Above 30%
1.7. d I don't know

1.8 What is your annual income? NZ$_____

1.9 To whom do you pay rent?
(Please circle the best answer for you)

1.9. a Housing New Zealand
1.9. b Other government body
1.9. c City Housing (Christchurch City Council)
1.9. d Social Housing Provider
1.9. e Real Estate Agent/Property Managers
1.9. f Private
1.9. g Other **(please specify)** _____

1.10 Do you own where you live?

1.10 a. Yes
1.10 b. No **(if no go to question 14)**

1.11 Do you have a mortgage where you live?

1.11. a Yes
1.11. b No

1.12. What is the current weekly payment for your mortgage?

1.13. What percentage of your household income is the mortgage?

1.13. a Below 30%
1.13. b About 30%
1.13. c Above 30%
1.13. d I don't know

1.14 How often do you see the owner/property manager of the place where you live?

1.14. a Never
1.14. b Once a year or less

1.14. c Twice a year
1.14. d More often than twice a year
1.14. e I don't know

1.15 Does your landlord/property manager do property inspections?
(Please circle the best answer for you)

1.15. a Yes
1.15. b No

1.16 How confident do you feel about contacting the landlord/property manager when there are problems with your flat/house? Would you say you were?
(Please circle the best answer for you)

1.16. a Very confident
1.16. b Moderately confident
1.16. c Afraid to contact him
1.16. d I don't know

1.17 How many rooms do you have in the place where you live?
(Circle the type of rooms you have in your house)

1.17. a Living room/ Dining room
1.17. b Kitchen/kitchenette
1.17. c Bathroom & Toilet in one room
1.17. d Laundry (if separate)
1.17. e Bedroom 1
1.17. f Bedroom 2
1.17. g Bedroom 3
1.17. h Bedroom 4
1.17. i Other room
1.17. j Separate Toilet

1.18 How many people sleep in each bedroom?
Bedroom 1
1.18. a One
1.18. b Two
1.18. c Three
1.18. d More than three

Bedroom 2
1.18. e One
1.18. f Two
1.18. g Three
1.18. h More than three

Bedroom 3
1.18. i One
1.18. j Two
1.18. k Three
1.18. l More than three

Bedroom 4
1.18. m One
1.18. n Two
1.18. o Three
1.18. p More than three

1.19 What is the main source of heating where you live?
(Please circle the best answer for you)

(If you use more than one type of heating indicate after the circle what the major fuel is first and then which one is the second).

1.19. a Electricity
1.19. b Gas
1.19. c Wood, coke or coal
1.19. d Oil or kerosene
1.19. e Don't use any form of heating
1.19. f Other **(please specify):**

1.20 Last winter, was there any time when the house/flat was so cold for 24 hours or more, that it caused discomfort for you or anyone in your family?

1.20. a Yes **go to question 21**
1.20. b No **go to question 22**

1.21 Why did you have a problem to heat your house/flat?

1.21. a Heating system broke down
1.21. b Could not pay fuel source
1.21. c No heaters are available
1.21. d Other reasons (**please list other reasons**)
1.21. e I don't know

1.22 Do you think the following things are a big problem, some problem or no problem in your house/flat? **(Please circle the best answer for you)**

		Big Problem	Some Problem	No Problem
1.22.a	Taps leaking	1	2	3
1.22.b	Rats or mice	1	2	3
1.22.c	Broken lock or no locks on the door	1	2	3
1.22.d	Broken windows	1	2	3
1.22.e	Heating system that doesn't work	1	2	3
1.22.f	Exposed wire or electrical problems	1	2	3
1.22.g	Roof leaking/needing repair	1	2	3
1.22.h	Not insulated	1	2	3
1.22.i	Toilet leaking	1	2	3
1.22.j	Other **(please specify)**	1	2	3

1.23 Are you planning to leave this place in the near future? (For example: within the next six months).
(Please circle the best answer for you)

1.23. a Yes
1.23. b No **If No go to question 25**
1.23. c I don't know

1.24 What are the 3 main reasons for wanting to leave this place? **(Please List)**

1.24. a First reason:
1.24. b Second reason:
1.24. c Third reason:

1.25 If you had the choice, what sort of housing would you most prefer?
(Please circle the best answer for you)

1.25. a House or townhouse (detached)
1.25. b House, townhouse, unit, apartment or Flat joined to one or more houses, units.
1.25. c Other (please specify)

1.26 On a scale of 1 to 10, how satisfied are you with your standard of housing conditions in Christchurch? **(Please circle the best answer for you)**

***0** is completely dissatisfied, **5** is neither satisfied nor dissatisfied and **10** is completely satisfied.*

0 1 2 3 4 5 6 7 8 9 10

Q.2 Neighbourhood

2.27 How many people from your country of origin or family members live in the same neighbourhood as you? **(Please circle the best answer for you)**

2.27. a None
2.27. b A few
2.27. c Some
2.27. d Many
2.27. e I don't know
2.28 How often do you speak to any of your immediate neighbours?

2.28. a Every day/week
2.28. b Once or twice a month
2.28. c Once every couple of months
2.28. d Once or twice a year
2.28. e Not at all in the last 12 months

2.29 In the past 6 months, have any of your immediate neighbours helped you? **(Please circle the best answer for you)**

2.29. a Yes
2.29. b No
2.29. c I don't know

2.30 In the past 6 months, have you helped your neighbours?
(Please circle the best answer for you)

2.30. a Yes
2.30. b No
2.30. c I don't know

2.31. What are the **3 main problems** in your neighbourhood?
(Please circle the best answers for you)

2.31.a	Unemployment
2.31.b	Groups of people just hanging out
2.31.c	People driving loud cars (boy racers)
2.31.d	Rubbish in parks, streets, lawns, and footpaths
2.31.e	Loud parties, drunk people
2.31.f	Dogs and dog mess
2.31.g	Vandalism , Graffiti, deliberate damage to property
2.31.h	Other **(please specify)**

2.32. What it's like to live in your current neighbourhood?
(Please circle the best answer for you)

Question	Yes	No	Don't know
2.32. a People around here are accepting of us and helping us?	1	2	3
2.32. b We feel part of the neighbourhood?	1	2	3

2.33 On a scale of 1 to 10, how satisfied are you with your neighbourhood and with feeling part of the community?
(Please circle the best answer for you)

***0** is completely dissatisfied, **5** is nether dissatisfied nor satisfied and **10** is completely satisfied.*

0 1 2 3 4 5 6 7 8 9 10

Q.3 Access to public services

3.34 Do you use any of the following types of services?
(Please tick the box that is the best answer for you)

	Yes	No	Support needed
3.34.A Health			
1. Personal Health Care			
2. Mental health care			
3.34.B Education			
1. Adult English class			
2. School for children			
3. Other **(please specify)**			
3.34.C Occupational Education			
1. Training for Specific Jobs			
3.34. D Other Services (Such as RMS) others			
1.			
2.			
3.			

3.35 What is your main form of transport?
(Please circle the best answer for you)

3.35. a Car
3.35. c Bus
3.35. d Motorbike/Scooter
3.35. e Bicycle
3.35. f Walk
3.35. g Other **(please specify)**

Q.4 Support

4.36 Do you receive a benefit?
(Please circle the best answer for you)

4.36. a Yes
4.36. b No

If yes, please circle all those which are appropriate for you.

4.36. a Unemployment benefit
4.36. b Sickness Benefit
4.36. c Invalids Benefit
4.36. d Domestic Purpose Benefit (DPB)
4.36. e Student Allowance
4.36. f Residential Support Subsidy
4.36. g Other **(please specify)**

4.36 In addition to your base benefit do you receive any of the following?
(Please circle all those which are appropriate for you)

4.36. b Accommodation Supplement
4.36. c Disability Allowance
4.36. d Child Disability Allowance
4.36. e Temporary Assistance Supplement/
4.36. f Special Benefit
4.36. g Family Assistance

4.37 How many people in your household work?
(Please circle all those which are appropriate for you)

4.37. a Father
4.37. b Mother
4.37. c Other
4.37. d None

4.38 Is it?
(Please circle all those which are appropriate for you)

4.38. a Full-time job
4.38. b Part-time job
4.38. d Casual
4.38. e Voluntary

4. 39 Approximately, what is the total weekly income (after tax) of the household?

4.39. a Less than NZ$200/week
4.39. b Between NZ$201/week - NZ$300/week
4.39. c Between NZ$301/week - NZ$400/week
4.39. d Above NZ$400/week
4.39. e I don't know

4.40 Do you have any debt?
(Please circle the best answer for you)

4.40. a Yes
4.40. b No

Q.5 Other

5.41 On a scale of 1 to 10, how satisfied are you with what you and family are achieving in Christchurch?
(Please circle the best answer for you)

***0** is completely dissatisfied, **5** is neither dissatisfied nor satisfied and **10** is completely satisfied.*

0 1 2 3 4 5 6 7 8 9 10

5.42 What is your nationality?

5.42. a Somalia
5.42. b Afghanistan
5.42. c Ethiopian
5.42. d Kurdish
5.42. e Asia
5.42. f Other

5.43 Do you have New Zealand citizenship?

5.43. a Yes
5.43. b No

5.44 Are you?

5.44. a Quota Refugee
5.44. b Convention refugee
5.44. c Family Reunification Refugee